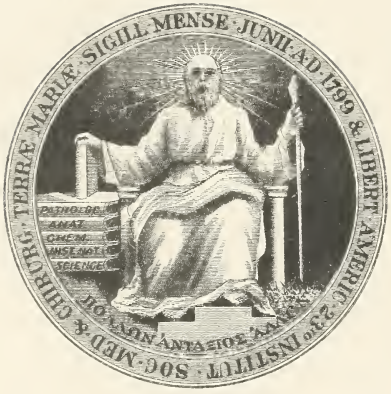

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Original Articles.

DILATATION OF THE CERVICAL CANAL, FOR STENOSIS OF THE INTERNAL OS, UNDER COCAINE.*

BY THOMAS A. ASHBY, M.D., OF BALTIMORE.

It may be stated, without fear of contradiction, that the limits to the successful application of cocaine as a local anæsthetic have not yet been reached. The startling results following the introduction of this agent have been phenomenal and unprecedented in the history of medical discoveries. Scarcely had Dr. Koller made his observations before the event was spread over the entire globe, and surgeons in every country have vied with each other in successful experimentation with the newly discovered properties of the agent. Following close upon the local use of cocaine to mucous surfaces, it was demonstrated by Dr. Corning, of New York, that injections of the solutions of the drug into subcutaneous tissues, associated with circumscribed constriction of the surrounding parts, induced successful anæsthesia in the area into which the drug was injected. This discovery opened up a new field for local anæsthesia; a field which has been most diligently cultivated with results of the most astonishing character. Amputation of limbs, removal of circumscribed growths, laparotomy, circumscision, and closure of hare lip, are among the operations painlessly performed after the method inaugurated by Dr. Corning.

There is no longer a shadow of doubt as to the value of cocaine as a local anæsthetic, and its employment in surgical work is now only limited to the choice and care of the operator. All mucous surfaces are readily brought under its anæsthetic influences when solutions of sufficient strength are properly and carefully applied to the mucous membrane. The stronger the percentage of the solution, and the greater the length of time employed in its application, the deeper its penetration, and the more profound its benumbing influences.

My experience with cocaine convinces me that it may be employed with the greatest advantage in surgical gynæcology, and that many operations upon the vagina and uterus, hitherto requiring general anæsthenia, may be successfully and painlessly performed when solutions of cocaine of sufficient strength are carefully applied to the tissues. I have employed cocaine in gynæcological work in a number of conditions with almost uniform satisfaction. A recent experience with this drug has induced me to relate the following case, which I think explains very satisfactorily its benumbing influence upon the cervix uteri.

Mrs. H., aged 23, married 18 months, has suffered from her first menstruation with violent dysmenorrhœa. The menstrual flow has invariably been announced with violent cramps, pains and disturbances of digestion. During three or four days of menstruation the recumbent posture has been required, and a total inability to engage in domestic duties has been almost constant.

Though married 18 months, Mrs. H. has never conceived. Physical examination revealed a small uterus, occupying a low position in the pelvis. The uterus was very acutely retroflexed. The cervical canal was bent and so small as scarcely to admit the smallest probe. There was evident stenosis at the internal os. The diagnosis of obstructive dysmenorrhœa was established, and the dilatation of the canal was proposed for its relief.

The patient was averse to taking chloroform or ether, and expressed a willingness to endure the operation of divulsion with the use of cocaine. After a few days of preliminary treatment, consisting chiefly of the use of hot-water injections and attention to the stomach and bowels, the operation was undertaken. One fourth grain of morphia was administered 15 minutes prior to placing the patient on the table, and at the same time a cone containing one grain of cocaine, with 5 grains of boracic

*Read before the Gynæcological and Obstetrical Society of Baltimore, Oct. 12, 1886.

acid, two drops of oil of wintergreen and cocoa-butter q.s., was introduced into the vagina. The operation was then begun. The cone had melted promptly and was removed in a liquid state. The vagina was sponged out with warm water rendered antiseptic with bi-chloride of mercury (1 to 4000). A small sound was passed into the uterus and the fundus lifted up. The sound withdrawn, applications of cocaine were made at intervals of every 3 or 4 minutes to the cervical canal and to the vaginal cervix. The parts were benumbed as thoroughly as possible. The small bi-valve dilator was next passed, and the canal stretched so that it would admit of the introduction of the larger blades of Ellinger's dilator. Before divulsing with Ellinger's instrument cocaine was again applied. In fact, the solution was used repeatedly during the operation. When I had succeeded in stretching the blades of the dilator to nearly their full extent the instrument broke under the strain of the pressure with a sudden snap, which startled my patient. Apart from this she experienced no pain, and expressed herself as ignorant of what was going on. After removing the blades of the dilator I passed a No. 14 sound into the uterine cavity. Whilst the divulsion was not as complete as I desired to make it, in consequence of the breakage of the dilator, its good results were unquestionably shown. The patient was kept in bed one week. Menstruation came on on the fourth day after the operation without pain and without nausea. The first sign manifest to the patient was the appearance of the blood on her linen. The result was surprising to her, as such freedom from distress was an unknown quantity in her history. Mrs. H. is now wearing a retro-version pessary, and is at present in comfortable health. As she has not passed through her second menstruation since the operation, I am unable to state what influence it will have upon her future health. I relate the case to show the fact that divulsion can be performed with cocaine without pain. I claim no originality for this use of the drug, but simply offer this testimony to induce my colleagues in gynæcological work to give the drug a trial, if they have not previously employed it for this purpose.

The strength of the cocaine solution used was 4 per cent.

Society Reports.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

REGULAR MEETING, HELD OCT. 12, 1886.

Dr. Thomas A. Ashby read a paper on

DILATATION OF THE CERVICAL CANAL, FOR STENOSIS OF THE INTERNAL OS, UNDER COCAINE.*

DISCUSSION.

Dr. B. B. Browne said he had reported about two years ago two cases in which he had used cocaine in dilatation of the cervical canal. Since then it was his habit, in office practice, when slight dilatation was required preparatory to intra-uterine applications or curretting, to first apply a 4 per cent. solution of muriate of cocaine to the canal. When full dilatation is required he prefers full anæsthesia, but he has used the cocaine successfully in two such cases. In two cases of acute anteflexion he injected 20 drops of a 4 per cent. solution into the uterine tissue near the point of flexion. In a few minutes he was able to pass a sound without pain, and also to apply cotton saturated with cocaine. He thinks that by its effect on the circulation it tends decidedly to prevent the occurrence of cellulitis after local interferference. He applies it to the cervical canal on cotton wrapped around a probe.

Dr. L. E. Neale said he would like to ask for information if any gentleman present had had experience with the use of cocaine by hypodermic injection. He thought the method of administration

*See page 1.

of great importance in judging the effects of the drug.

Dr. W. T. Howard said that so far as he knew, Dr. W. M. Polk, of New York, was the first, about two years ago, to use the hydro-chlorate of cocaine as a local anæsthetic in the operation of trachelorrhaphy. He used it in two cases. Having previously douched the vagina with warm water, the cervix, the patulous cervical canal, and the vaginal walls adjoining the cervix were washed with castile soap; this, in turn, was washed off, and the surface carefully dried. Then, a 4 per cent. solution of cocaine was thoroughly painted, with a camel's hair brush, over the cervix, in the canal, and over the adjacent vaginal wall. This was done three times, allowing an interval of three minutes between each application. In one case, the operation lasted 40 minutes, and there was no complaint of pain till the last 10 minutes, when an uncomfortable soreness was felt. Soon after the publication of these cases, Dr. Howard had operated on a number of cases of lacerated cervix, pursuing essentially the plan used by Dr. Polk, and with similar results. Dr. Howard had noticed, however, that in passing the needles through the lips of the cervix, in the usual way with the silk loop and silver wire attached, the patients invariably complained of pain, more or less acute, in different cases. Hence, in all cases in which the laceration occurred in a large hyper-plastic cervix, demanding the removal of a certain amount of parenchymatous cervical tissue, to prevent the sutures cutting out and thus hinder accurate union, Dr. H. much preferred that the patient should be put under the influence of ether, in order to insure a painless operation. Dr. H. doubted whether it was advisable to inject a solution of cocaine, with the hypodermic needle, into the cervical parenchyma, as the tissues are too dense, in most cases, to allow of a rapid diffusion of the anæsthetic influence of cocaine. He had seen, however, in a recent number of the *British Medical Journal*, a report of the removal of hæmorrhoids in two cases, which were rendered painless by injecting 5 drops of a ten per cent. solution of the hydrochlorate of cocaine, by means of a hypodermic syringe, into each side of the base of the hæmorrhoid. After the operation, a morphine suppository was inserted into the rectum, and, subsequently, not the slightest pain was experienced.

Dr. H. had now under care a married ady, aged 25 years, who suffered severely from dysmenorrhœa. She had an anteflexion of the vaginal portion of the cervix, with acute angular flexure at the posterior vaginal junction, and stenosis at the os internum. He determined to dilate the cervical canal with his dilatorium; but as the patient had grave organic trouble at both the aortic and mitral orifices, he thought that the administration even of ether was unadvisable. He, therefore, had applied by means of a mop made of absorbent cotton, a 20 per cent. solution of the hydro-chlorate of cocaine, as thoroughly as possible, to the cervical canal twice, at intervals of 5 minutes, and keeping the cotton mop in the canal for 5 minutes each time. Then, he carefully dilated the cervical canal, including the os internum, occupying 15 minutes in dilating to three-fourths of an inch. This lady had great fortitude and strength of character; and, while she did not utter a complaint, when the operation was over, the shock was quite severe, and demanded a hypodermic of gr. ¼ of morphine. The pain induced by the operation was severe. The next day, in a similar case, Dr. H. operated in the same way, and with the same precautions. The patient was extremely nervous, anxious, and apprehensive, but had no heart trouble. She experienced little or no pain during the entire operation, although the dilatation was much greater, *i. e.*, one and one-fourth inches. These two cases demonstrate that the amount of pain depends much upon the peculiarities of the patient; and it is well known that the normal sensibility of the female genitalia is a constantly varying factor in different persons.

Dr. B. B. Browne referred to his previous remarks in which he stated

that he had injected 20 drops of a 4 per cent. solution into the uterine tissue, and there had been almost no suffering during the process of dilatation.

In one case of lacerated cervix he had painted the solution over the cervix, and had also injected it into both lips. In this case there was perfect freedom from pain, but it was impossible to say how much of this effect was due to the injected cocaine and how much to that applied upon the surface. He would recommend in cervix operations that it be used in both ways, on the surface and hypodermically.

Dr. W. P. Chunn had used cocaine once, in a bilateral laceration of the cervix. He painted it over the cervix, then injected it into the anterior lip and after denuding that, injected into the posterior lip and finished the operation. The patient seemed to suffer little or no pain.

Dr. W. E. Moseley had had some experience in the use of cocaine. He had always used a 4 per cent. solution and had always applied it by painting the surface to be operated upon freely from three to five times, at intervals of three minutes. He had done several cervix operations and found it to answer very well when there was but little cicatricial tissue to be removed from the angles. There was little or no sign of suffering while the surfaces were being denuded; in most cases when the needles were passed the patient showed signs of feeling decided pain, requiring reapplication of the cocaine. In one case of operation high up in the cervical canal the patient said she felt no pain throughout the operation and that she would not have known when the sutures were introduced except for a remark that was made. She did feel the dragging upon the uterus when the needles were passed. Another patient said that the most suffering she had was when the shank of the scissors pinched a bit of the tissues about the vulva.

He had also, very reluctantly, and at the earnest solicitation of the patient done Dr. Emmet's new perineum operation under the same anæsthetic, but he would not be willing to do so again. Denudation was accomplished without any marked trouble, but the introduction and tightening of the sutures caused very decided suffering.

He greatly preferred full anæsthesia for either the cervix or perineum operation.

In no case had he been able to *demonstrate* that cocaine interferred with prompt union of the denuded surfaces although he was inclined to think that it did to some slight extent.

Dr. B. B. Browne referred to a case of septicæmia, in his practice, in which there was some nausea, vomiting, and hiccough in which he gave ten drops of a 4 per cent. solution of cocaine. The symptoms were very promptly relieved and the relief lasted for twelve hours when he repeated the dose. He had given it also with good result in the nausea and vomiting in pregnancy.

Dr. H. P. C. Wilson said that any remarks he could make would be very much of a repetition of what had already been said, as his experience with cocaine had been much the same as that of the other gentlemen who had spoken.

He had used cocaine when operating in five cases of lacerated cervix, when the patients feared ether or chloroform. By thoroughly painting the surface with a 5 per ct. solution, and introducing it within the cervical canal, he could denude the parts without pain to the patient. Some of the sutures could also be passed without pain, but the deeper and last sutures are usually attended with suffering sufficient to require cessation of the operation and reapplication of the cocaine. The union of the parts after this agent, was just as prompt and complete as without it.

But even when this operation could be done without pain under cocaine, if it was at all tedious, the patient was apt to become nervous and more or less restless and move at a critical moment of cutting or passing a needle, and thus embarrass the surgeon; and hence he preferred the general and profound anæsthesia of ether or chloroform, to the local anæsthesia of cocaine.

He had never used this remedy hypo-

dermically, but this method, in conjunction with its superficial use, would probably deaden the sensibility of the parts more completely.

He had heard of the nausea and vomiting of pregnancy being promptly checked by applying a solution of cocaine to the surface of the cervix uteri, and up the cervical canal, so as not pass the internal os. The suggestion looked reasonable and he would try it in the first case that presented.

Dr. T. A. Ashby, in closing the discussion, remarked that there were only two or three points to which he wished to direct attention. In regard to the point raised by Dr. Howard, with reference to the different degrees of sensibility to pain in different women, he fully coincided with these views and thought that this explation satisfactorily accounted for the failure of cocaine to effect all cases alike. He had observed this fact and was convinced that the anæsthetic properties of cocaine were not of equal extent and value in all cases.

In reply to the inquiry raised by Dr. Neale in regard to the hypodermic administration of cocaine, Dr. Ashby referred to the valuable experiments and observations of Dr. Corning, of New York, who was the first worker in this field to demonstrate the great value of cocaine injected subcutaneously. Dr. Corning has shown that where the tissues are constricted in such a manner as to prevent rapid absorption of the injected solution, profound local anæsthesia is the result. The literature of medicine is now filled with the recital of cases showing the wide application of this method and its great value. The removal of necrosed bone, amputation of limbs, laparotomy, circumcision, closure of hare-lip and similar procedures have been painlessly performed under cocaine injections, employed after the method inaugurated by Dr. Corning. Dr. Ashby thought that a practical difficulty would be met with in injecting cocaine into the cervix uteri and perineum on account of the inability of the operator to prevent rapid absorption of the solution, owing to the fact that the cervix uteri and perineal tissues could be constricted only with the greatest difficulty in a few exceptional cases. He believed that Dr. Corning's method was less applicable in female surgery than in surgical procedures elsewhere.

Dr. L. E. Neale thought the ecraseur carrying a catgut loop, shown by Dr. Erich at a previous meeting of the Society, would answer the purpose of constricting the cervix very well. After drawing the uterus down in the vagina he saw no difficulty whatever in throwing the loop around and constricting the cervix at any desired height, the higher above the vaginal junction, of course, the more vaginal tissue included in the constriction. It was not at all necessary for the use of this instrument to have an elongated cervix.

Dr. B. B. Browne thought that when constriction was used together with application of cocaine we must credit the constriction with a very considerable anæsthetic effect and he believed the more thorough anæsthesia was due to this rather than any checking of the absorption of the cocaine into the general circulation. He referred to a case in which a friend had operated for phymosis the only anæsthesia used being constriction of the penis. In this case the patient suffered no pain.

Correspondence.

PHYSICIANS IN MARYLAND.

Editor of the Maryland Med. Jour.

SIR: In the JOURNAL for October 9 (page 472), I find the statement that in Maryland the proportion of physicians to population is 1 to 329—a greater proportion than in any other State of the Union. The statement is made on the authority of Polk's "Directory of Physicians of the United States." Three years ago the same statement was made in the Report on Medical Education in the United States, published by the Illinois State Board of Health. I examined into the matter at the time and found it was an error, and corrected it in a letter to Dr. Rauch. In the last

edition of the Report on Medical Education (1885), the estimates of the proportion of physicians to population are omitted. On page 65 of the Directory of Physicians is a table made up from the Illinois report and not from the Directory. This is shown by the statement in the table that Maryland has 2,845 physicians to a population of 934,943, or 1 in 329, while an actual count of the list given in the body of the book shows only 1,390 physicians in the State, or 1 in 672.62. This, as you will perceive, makes quite a different showing, and I trust you will give place to this correction, in order to encourage those young practitioners who may have become disheartened by your former statement.

Respectfully yours,
GEORGE H. ROHÉ.

BALTIMORE, *Oct.* 21, 1886.

EXPOSURE TO THE SUN IN CHRONIC HYDROCEPHALUS IN CHILDREN.—This means of treatment has been rarely tried, or even mentioned by writers on pediatrics. Locatelli, of Milan, reports one case which was thus cured, and Nicita of the same city reports three cases. Several of the ancient and early writers expressed the opinion that heat applied to the head would effect a cure. Somma has treated five cases with the following results:

1. *Hydrocephalus Externus.*—Treated with solution of phosphate of lime, vesicants upon the scalp, exposure to the sun for fifteen or twenty minutes. Cured.

2. *Hydrocephalus Internus.*—Iodide of potash, solution of phosphate of lime, exposure to the sun. Cured.

3. *Hydrocephalus Internus*; also paresis of the lower extremities and pulmonary catarrh. Exposure to the sun, with improvement for five months, finally death from broncho-pneumonia.

4. *Hydrocephalus Externus.*—Exposure to the sun. Cure after three months.

5. *Hydrocephalus Externus of Syphilitic Origin.*—Iodide of potash and calomel, acid calcium phosphate and exposure to the sun. Cured.

The following method of exposure to the sun was followed:

An attendant held the child with uncovered head, the occiput being turned toward the solar rays, the position being unchanged for half an hour or less. After four or five days the duration of exposure was increased to forty or fifty minutes. Of course this method did not apply during the cold of winter or the excessive heat of summer.
Archives of Pediatrics.

TARTAR EMETIC IN LABOR.—In a paper on "Neglected Remedies," which appears in the *Medical Times* of September 18, 1886, Dr. Caleb Green writes as follows: It seems not to be very generally known that tartar emetic is one of our most efficient agents in promoting parturition. When the pulse is tense, the os rigid, the skin dry and hot, the advance of the head slow, I have seen, by the use of small doses of antimony, the most prompt and happy change for the better. The pulse softens, the skin becomes moist, the rigid os relaxes, the vagina becomes bathed in a plentiful supply of mucus, and the uterine contractions hasten on to a speedy termination of the labor.

It is not a substitute for ergot, but it has properties which makes it much oftener available as a means of hastening labor to a happy termination. If the dose can be graduated as to produce its effect as a parturient just short of nausea, and especially short of vomiting, the effect seems to be better than where vomiting occurs.—*Med. News.*

PERMANGANATE OF POTASSIUM IN BURNS AND FROST-BITES.—Züboff ("Meditzinksko Obozrenië;" "London Medical Record") reports forty-four cases of burns and thirteen of frost-bite which were treated with local applications of a solution of the permanganate containing one or two grains to the ounce of water. He finds the solution most useful in the treatment of frost-bite; it relieves pain, allays inflammation, and prevents suppuration in blisters. In burns of the second degree a half grain solution is preferable.—*N. Y. Med. Jour.*

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BALTIMORE, OCTOBER 30, 1886.

Editorial.

RENAL CALCULUS AND ITS OPERATIVE TREATMENT.—In the Baltimore *Sun*, October 16, appears a fulsome extract from the Phialadelphia *Press* of October 14, headed "A Great Surgical Operation." This professes to be an account of a nephrolithotomy performed by Prof. Samuel W. Gross, of the Jefferson Medical College. From the circumstancial manner in which the procedure is described it is evident that the reporter was present at the operation, and it is probable that he was a medical student. We take it for granted that Dr. Gross neither wrote nor sanctioned this article, for leaving out of consideration the ethical questions involved in the publication of such a notice, the following statement would at once decide that the newspaper article was unauthorized by him. "Thus the first operation of the kind ever known, was successfully performed," is boldly asserted in the paper, a statement which will be accepted as a fact by thousands of readers, but which no one knows better than Dr. Gross, to be untrue, hence, we repeat that some student, either intentionally or in ignorance has probably caused the notice to be printed. Whilst, however, the newspaper publication is entirely in violation of the code of ethics, the diagnostic and operative skill of the distinguished surgeon cannot be gainsaid, for it may require consummate acumen to diagnosticate the lesion, and great manual dexterity to remove the concretion. It is said that this patient had suffered for four years without a correct diagnosis having been made, and that he had consulted several physicians without avail. He is to be congratulated therefore upon having finally fallen into the hands of Dr. Gross. These cases almost invariably come under the notice of the family physician before they fall into the hands of the surgeon, and it is therefore of the first importance that general practitioners should be on the lookout for such cases, as the prospect of a cure by operation is much better when the stone is small and the kidney healthy, than under the reverse conditions. The symptoms of stone in the kidney are by no means distinctive, and it is possible for considerable sized concretions to occur without causing enough disturbance to attract attention to the seat of trouble, but as a rule there will be pain in the loin, radiating downwards along the nerves of the lumbar plexus, and frequently localising itself in the testicle, causing retraction of the corresponding organ, and if long continued actual atrophy. This pain is likely to be paroxysmal in character, with exacerbations of severe renal colic, but it may never be entirely absent, and is frequently increased by pressure, by jarring or motion of any kind, and even by the friction of the passage of feculent matter along the colon. Vomiting, nausea, and digestive derangements are of frequent occurrence, and are present in the intervals as well as during the exacerbations of acute suffering. At some period there will be more or less blood formed in the urine, or at least a blood stained urine will be passed, and pus in larger or smaller quantities will usually be noticed. Along with these symptoms small calculi or fragments of stones may be voided with the urine. Sometimes when the calculus is large it may be detected from the outside by palpation, and a sensation of grating has been felt both by the patient and the physician. At times there may be a localized pain in the back, which is persistent. These signs which are mentioned above are suggestive rather than exhaustive, as there may be many other symptoms be-

sides, and as has been stated before, there may be an almost entire absence of diagnostic marks. Even where there are decided evidences of renal disease it is by no means always possible to decide that the lesion is a calculus, until an exploratory incision has been made in the loin, and the substance of the kidney punctured with needles, or actually incised with the knife; procedures which are justifiable under some circumstances. The symptoms of renal calculus may be almost exactly counterfeited by an excessive acidity of the urine, which, however, may be made to disappear by the exhibition of an alkaline treatment. Hæmaturia which is almost invariably present when there is a stone in the kidney, may likewise result from many other causes, but its persistent recurrence is very characteristic of this disease. The same may be said of pus in the urine and increased frequency of micturition. To recapitulate then, the chief symptoms of renal calculus are, uneasy or painful sensations in loin, frequently extending into testicle, sometimes acute exacerbations of renal colic, tenderness upon pressure in the lumbar region, increased frequency of micturition, the urine frequently containing blood, pus, mucus or albumen. The bladder and urethra must be carefully investigated, in order to exclude diseases of these organs. Having determined that nephritic calculus is present what therapeutic means are at our control? Not much permanent benefit occurs from medical treatment; sometimes an alkaline treatment is of value temporarily, and remedies to relieve pain and spasm must be employed when the suffering is severe, but the permanent relief must be secured by operative means. There are three operations available for the treatment of stone in the kidney, but each have their special range of applicability. These are nephrotomy or incision into the kidney, nephrolithotomy or removal of a stone from the kidney and nephrectomy or the ablation of the organ. Nephrotomy is to be employed when there is evidence of pyonephrosis or hydronephrosis, or of disintegration of the kidney. It must be remembered that calculus is one of the most frequent causes of these renal tumors, and it may be that a stone will be found when the sac is incised, but the original object of nephrotomy is to evacuate fluids, rather than to remove the stone. Nephrolithotomy on the contrary aims to remove a calculus from a healthy organ, or at least from one that is not disorganized. The operation of nephrolithotomy was first performed by Henry Morris, of London, in 1880, and has been done at least twenty-two times, hence the operation of Dr. Gross was not "the first of this kind that has been successfully performed," but at least twenty-one others have been done, with but two deaths, and one of these fatal cases is ascribed to an overdose of morphia. The mortality of the operation is then less than 10 per cent. for the completed operation, and nothing for twenty-four cases in which an exploratory incision was made in the loin, and no stone was found. The kidney has been extirpated for calculus, but this will not occur frequently, as it is manifestly improper to remove such an important organ if relief can be obtained in any less radical way. If, however, the patients life is threatened, and it is impossible to localize the stone, extirpation of the viscus may be allowed.

Miscellany.

Intra-Peritoneal Injections in Acute Hæmorrhage.—Rütgers ("Ctrlbl. f. d. med. Wissensch.," August 7, 1886) reports the case of a woman who had lost so much blood from post-partum hæmorrhage that she was apparently moribund. The veins did not swell on applying ligatures above them, so that it was impossible to employ intra-venous injections. The following solution was injected into the abdominal cavity through a cannula:

Salt.	90 grains;
Sodium hydrate. .	5 "
Distilled water. .	34 fluidounces.

After experiencing severe pain in the abdomen for three days, during which time the temperature was subnormal, the patient rallied and did well.—*N. Y. Med. Journal.*

Calomel in the Treatment of Cardiac Dropsy.—The striking results of Jendrássik as to the diuretic action of calomel in the treatment of dropsy, especially of cardiac origin, have already received confirmation. In the *Wiener Med. Wochen* (July 10, 1886) Professor Stiller, of Buda-Pest, publishes the details of eighteen cases of dropsy of cardiac origin which he has treated both in hospital and in private practice by the administration of calomel after the directions given by Jendrássik. His results, although he but seldom obtained the immense increase of urinary secretion reported by Jendrássik, were in their general results quite equally favorable to his. Two cases he gives in full detail, and either alone would be sufficient to prove the truth of the statement that in calomel a drug has been found whose value seems in such cases almost inestimable. Cases with intense œdema of the extremities, peritoneal and pleural effusions, enlarged and congested liver with marked dyspnœa, he has succeeded in restoring almost to health, certainly to comfort, by the administration of calomel. He has seen œdema entirely disappear, abdominal and pleural effusions and albuminuria removed, an enlarged liver return to its normal size with complete relief of respiratory distress. Such results have followed the administration of calomel alone after digitalis had failed to produce relief, and also in cases where the use of digitalis, on account of the unfavorable symptoms which so frequently interfere with its action, and compelled its suspension. Dr. Stiller thinks that he is perfectly warranted in confirming in all respects the statements of Jendrássik. He believes that in dropsy of cardiac origin small doses of calomel constitute the most efficient and rapid means of relief even in cases where digitalis fails, while no other drug can in any degree sufficiently approach it to be worthy of being brought into the same category. Its action is not only exerted on the removal of the œdema, but also on the effusion of serous cavities.

The diuresis, agreeing again with Jendrássik, he found to suddenly on the third or fourth day after the commencement of the administration of the drug, and it is advisable to suspend its use, to be renewed again in considerably decreased doses when the diuretic action appears to be disappearing. This action in the removal of effused liquid is only to be explained by some particular facilitation of absorption by the blood, since Stiller as well as Jendrássik found that calomel so administered was entirely without influence on the heart and kidneys. In his first few cases Dr. Stiller found that diarrhœa, and in one case stomatitis, complicated his results, but in his later experience he found that the administration of opium with the calomel entirely prevented the appearance of diarrhœa, while it did not interfere with its diuretic action. According to his experience, the most marked diuretic effects have been produced from calomel without the least sign of mercurialization.

In spite of these favorable reports, calomel cannot, however, be regarded as a substitute for digitalis, since it is in no respects a heart remedy. In the numerous cases where digitalis fails or is contraindicated, and where numerous substitutes for digitalis are either not applicable or have proved themselves unreliable, according to the above authors the value of calomel cannot be overestimated. Enough has already been determined by those two authors to prove that calomel in such diseases must in future occupy a very important place. As to the more exact indications as to its use, cases in which it is most favorable and as to whether its employment exerts any influence on the further progress of the cardiac disease, these facts must, of course, be left to future investigations. It is to be hoped that in the treatment of heart-disease calomel will receive the investigation which it without doubt seems to deserve.—*Ther. Gaz.*

Squills in Whooping-Cough.—M. Nettier, of Nancy, has treated a number of cases of whooping-cough with simple oxymel scillæ, which, he observes, ought to be ascertained to be good, as specimens to be found in phar-

macies are of very different qualities. He advises the entire abandonment of cough syrups, and gives the squill even when there is diarrhœa and a good deal of vomiting. In the case of children who do not expectorate he even adds emetic drugs to the squill. He has seen cure result from this method of treatment in a few days, cases of failure being very rare. A colleague of M. Nettier, M. Remy, corroborates his statements, and says he has seen cases that have been going on for weeks yield to oxymel scillæ in a few days.—*Lancet.*

The Therapeutic Action of Common Salt.—Branch ("London Medical Record," July 15, 1886), reviewing recent observations on the use of this domestic article, asserts that salt is a valuable remedy in the treatment of scrofula, anæmia, and tuberculosis. Pidoux advises phthisical subjects to use it in excess with their meals. Bouchardat observes that salt lessens the excretion of sugar in diabetics, and at the same time diminishes their thirst. Reliable observers have reported cures from the administration of salt in doses of from 150 to 225 grains in cases of intermittent fever.—*N. Y. Med. Jour.*

A Powder for Pruritus Vulvæ.—("Annales méd.-chirurg.;" "Glasgow Med. Jour.") recommends the following formula, suggested by Delioux de Savignac:

Powdered lycopodium. . 1 ounce;
Subnitrate of bismuth. . 5 drachms;
Powdered belladonna root. . . . . 30 grains.

The following ointment may be applied at bedtime:

Tannin, calomel, or extract of belladonna. . 15 grs.
Glycerite of starch. . . . . 1⅔ oz.
—*N. Y. Med. Jour.*

Brain Surgery—The *Lancet* (Oct. 2) says: We understand that last Saturday Mr. Victor Horsley removed a large tumor from the brain of a man, aged thirty-five, who had been hemiplegic for some months, and comatose for three weeks. The tumour measured 3 in. in length by 2½ in. wide and 2 in. thick, and necessitated the removal of much bone in order to effect its complete extraction. The man has regained consciousness, and is free from the severe headache from which he suffered before he became comatose. Up to the present the patient continues in comparative happiness, and his wound has progressed so satisfactorily that it is perfectly healed. There has been also some recovery of power in the leg on the paralysed side.

Ward Tonic, Charity Hospital, Fothergill's:

℞ Quiniæ Sulphatis. . . . gr. 16
Strychniæ Sulphatis. . . . gr. ½
Potassi Citratis. . . . . gr. 90
Tinct. Ferri Chloridi. . fl. dr. 5
Syrupi. . . . . fl. ℥ 1
Aquæ. . . . . q. s. ad fl. ℥ 4

Dissolve and mix. Dose: a teaspoonful.

Dysmenorrhœa.—

℞ Tinct. veratri viridi. . . . . ♏xvj
Tinct. stramonii. . . . . ♏xij
Tinct. opii deod. . . . . ℥j
Tinct. cimicifugæ. . . . . ℥iss
Aqua camphoræ. . . . . ℥v

M. Sig.—Half teaspoonful every three hours.—*Med. Bulletin.*

Loomis' Diarrhœa Mixture.—

℞ Tinct. lavandulæ comp. . . . fl ℥ 2
Tinct. opii,
Tinct rhei. . . . . āā fl. dr. 4
Olei sassafras. . . . . gtt. 40

Mix.

Dose: A fluiddrachm after each movement. Should it fail to act, add tinct. catechu fl. ℥ 1.

Incontinence of Urine.—

℞ Ext. ergotæ. . . . . gr. 1
Ext. nucis vomicæ. . . . . gr. ⅛
Ext. belladonnæ. . . . . gr. ⅛

Fiat Pil. Sig.—Take three times a day.

The Treatment of Night-sweats in Phthisis.—Abletsoff, according to the *Lancet*, has made a careful study of the effect of various drugs upon night sweats. He finds that hydorchloride of

pilocarpine, even in doses of from one-sixth to one-eighth of a grain, not only fails to diminish the sweating in most cases, but renders the patient's condition worse, by reason of the gastro- intestinal irritation which it produces. Neither does this drug possess the superior expectorant properties which have been alleged for it. Duboisine, picrotoxin, and homatrophine certainly reduce the amount of respiration· but, as the use of the two former drugs may be followed by unpleasant effects, homatrophine is to be preferred in phthisical cases—*N. Y. Med. Jour.*

Treatment of Tubercular Meningitis.—The *Revue de Thérapeutique*, after stating that tubercular meningitis kills 25,000 persons every year in France alone, and quoting a passage from Jaccoud, in which he speaks of the powerlessness of medical men to cope with this terrible disease, cites some recent observations of a Swedish physician, M. Warfwinge, on the marvellous effects of a 1 to 5 iodoform ointment rubbed into the previously shaved head in quantities of seventy-five grains, night and morning. During the interval, the head was covered with an oilskin cap, which was secured by a bandage. M. Warfwinge treated five cases in this way, with a successful result in every case. The first case was treated for seventeen days, the second for nineteen, the third for thirty, the fourth for thirty-two, and the fifth for nine days only. Ordinary remedies were given in addition for any complications which arose, but M. Warfwinge attributes the successful results to the iodoform alone.—*Lancet*, *Oct.* 9.

Mechanical Removal of Croupous Exudation After Tracheotomy.—After tracheotomy for croup, when it is found impossible to clear the trachea from membrane by forced expirations, suction, &c., Dr. Pievigzèk, writing in the *Przeglad Lekarski*, advises the use of Schrötter's forceps, which, he says, should be so introduced through the wound that the blades may open antero-posteriorly, and not laterally, for fear of taking up the angle at the bifurcation of the bronchi. Sometimes it is possible completely to clear the trachea by one or two introductions of the forceps. In cases where the obstruction is in one of the bronchi, the patient should be laid on the corresponding side and the forceps inclined accordingly. Information may also be obtained as to the situation of the obstruction by the aid of a mirror introduced into the wound, the patient's head being at the same time thrown well back. The instrument which the author finds most suitable for this purpose is Zanfal's nasal speculum. He remarks that children bear the operation without any special trouble.—*Lancet*, *Sept.* 18.

Iodoform Poisoning.—Dr. E. G. Cutter, in a recent paper on iodoform poisoning, reaches the the following conclusions:

1. Fresh wounds or unhealthy or tuberculous surfaces are the only ones fitted for the application of iodoform.

2. Only a thin layer or a small amount of iodoform is to be applied.

3. When granulations appear healthy, iodoform should be omitted, and some other non-poisonous substance substituted.

4. At the first symptoms of poisoning, or coincidentally with the original use of it, compounds of the alkalies and vegetable acids are to be given by the mouth at frequent intervals, as acetate of potash. If severe symptoms supervene, transfusion with common salt solution is to be resorted to, and the wound is to be washed free from iodoform with pure water and an alkaline carbonate solution, and afterwards powdered magnesia is to be dusted on.—*Boston Med. and Surg. Journal.*

The Water-supply of European Cities.—It is said that Rome has a more bountiful supply of water than any other city in Europe, there being 591 litres in the twenty-four hours for each inhabitant. Next comes London with 300 litres for each inhabitant. Paris comes third, with 227 litres, then Naples, 200, then Berlin, with 140, sixth Vienna, with 100, and seventh Turin, with 98.—*Med. Rec.*

Medical Items.

There are 5,237 insane patients in New York City institutions.

Dr. R. B. Morison, of this city, has returned home after some month's absence in Europe in pursuit of professional interests.

Mica is recommended by a recent writer as a substitute for glass in spectacles in the case of cooks and persons who suffer from conjunctivitis through exposure to heat.

The prevalence of a fatal fever at Biloxi, Miss., leads the Louisiana State Board of Health to declare quarantine against the County of Harrison, Miss.

Dr. Weir Mitchell, of Philadelphia, is said to have written a second novel. Dr. W. A. Hammond, of New York, is the author of several novels. Medical novelists are on the increase.

The *Med. Record* says a promising young surgeon of New York City is an inmate of a neighboring insane asylum, a victim to the cocaine habit. A prohibition movement against cocaine is now in order.

We understand that the class of medical and dental students in attendance upon lectures at the University of Maryland during the present winter, is the largest which has assembled at this school for some years past.

Miss Hastings, of England, aged one hundred and five, is the banner girl for recuperative power. At the age of a hundred and four she had a double pneumonia, from which she made a good recovery, according to Professor Humphrey, of Cambridge.—*Medical Record.*

The Boston Medical and Surgical Journal is authority for the statement that the Noble County (Ind.) Medical Society receives $500.00 a year for caring for all the sick paupers in the county. The member nearest the pauper treats the same. The money is used for building up a society library.

Professor Charcot is said to live in a superb mansion, the Palais Charcot, one quite worthy of royalty. "Troops of patients," writes a Vienna medical editor, "lay their offerings upon the table of his consultation room, so that he soon has a heap of gold before him." Charcot's fees are from four to thirty dollars. —*Medical Record.*

Dr. Neff, of Philadelphia, had a case of elephantiasis in which the size of the legs was reduced one-half by the constant use of an ointment composed of nitrate of mercury 3j., to vaselin 3j., rubbed in well, and the wearing of rubber bandages on the feet and legs.—*College and Clinical Record.*

Prof. W. T. Councilman, of the Johns Hopkins University, is conducting a series of observations on malaria at Bay View Hospital and at the Hopkins Pathological Laboratory, which promise to reveal a number of new and important facts. These observations will be announced when the work is completed.

The widow of the late Mr. Woerishoffer, the banker, has given the sum of one hundred thousand dollars to different scientific and charitable objects, as a memorial of her husband, and it has just been announced that twenty-five thousand of this amount is to be presented to the New York Academy of Medicine, through the President, Dr. A. Jacobi.—*Boston Medical and Surgical Journal.*

The new Pathological Laboratory at the Hopkins Hospital, under the charge of Profs. W. H. Welch and W. T. Councilman, is extending admirable advantages to students of Pathology. A number of well-known physicians of this city are engaged in study at the Laboratory during the present time. The influence of this institution will soon be felt in the medical work of the city.

The London Hospital Fund for this year has reached to a total of forty thousand pounds, and there are still a number of collections from churches and chapels to come in. To this fund should be added £78,000 subscribed for the unemployed poor of London, thus making £120,000 raised for charity purposes. London contributed over $50,000 to the earthquake sufferers of Charleston, S. C., and of Greece.

The reign of good health throughout this city at the present time is unprecedented, so we are informed by a number of prominent practitioners. The same influences must be a work throughout the country, so the proprietors of this JOURNAL inform us. Collections were never worse. The physician's pecuniary prosperity and the prevalence of sickness are so intimately associated that the diagnosis of a healthy community is soon reached through the Doctor's long countenance and his slender purse.

On the 7th of November Harvard University will have completed its 250th year. It is proposed to celebrate the event in a suitable manner from the 6th to the 8th of that month. Harvard University was established by an act of the Colonial Legislature, and was named in honor of John Harvard, who liberally endowed it. With one exception, Harvard is the oldest University in the New World. Nearly one hundred years before, in 1551, the Emperor Charles V established the University of St. Mark's at Lima.

It has been announced, we believe correctly, that there will be a reorganization of the Jefferson Medical College. The office of Dean will be abolished, and those of President and Secretary be established—Professor J. M. DaCosta, M.D., to be President, and Prof. J. M. Holland, M. D., to be Secretary of the Medical Faculty. Prof. Roberts Bartholow, the present Dean, will resign.—*Med. and Surg. Rep.*

Original Articles.

SUPRA-VAGINAL HYSTERECTOMY FOR FIBROCYST OF THE UTERUS IN A NEGRESS.*

BY WILLIAM PAWSON CHUNN, M.D.,
OF BALTIMORE,

Chief of Clinic to the Chair of Diseases of Women and Children, University of Maryland, Assistant Surgeon to the Woman's Hospital, &c.

Heretofore, Mr. President, in cases of abdominal surgery reported to this society it has been my good fortune to have met with success. It seemed to me that most of these cases, in addition to a favorable termination, had points of interest which rendered them worthy of record. From the number of successful surgical operations one sees in every journal published at this period, we might be led to infer that it was rather unfashionable to publish unsuccessful cases. Such an inference one must allow is many times correct. Reports of successful operations alone may benefit the operator; reports of unsuccessful as well as successful operations is what benefits science. Certainly, as a rule, there is no more necessity for recording an operation that terminates favorably than there would be if it terminated unfavorably, for we all know that the causes of failure diligently enquired into are apt finally to eventuate in success. Bearing these facts in mind, I thought it not inappropriate to bring before the society to-night the history of a hysterectomy, which, although ending fatally, exhibited much that was instructive.

My patient was a colored woman, quite dark in color, 24 years of age, unmarried; no children, and no miscarriages. Menstrual periods regular (in quantity), and lasting only four days. The patient was kept under observation by my brother-in-law, Dr. Robert T. Wilson, and myself, for the space of one year, during which time, by monthly examinations, we noticed a distinct and rapid increase in size of an abdominal tumor. From the size of a cocoanut it had rapidly grown as large as an adult head, and, by its presence in the pelvis, produced many grave symptoms. Her ability to gain a livelihood was rapidly decreasing, pain in the pelvis was constant, difficulty in defecation was very great, and pain and lack of power to urinate frequently resulted in retention. Examination by sound showed the uterus to be three inches in length and displaced to the left side. Bimanual examination indicated that the growth was attached to the uterus, as every motion given to the tumor imparted a like movement to the uterus, which movement could be plainly distinguished by the finger in the vagina. Abdominal palpitation discovered a round solid tumor projecting two or three inches above the umbilicus. Fluctuation was always absent, except upon one occasion, when it was perceived, but so indistinctly as to leave the diagnosis unaffected. These signs all pointed to fibro-myoma of the uterus, and an opinion to that effect was given. As the Woman's Hospital was closed during the month of June last, the patient was turned over to me for treatment. Being a charity patient, she was admitted as such to the Gynæcological Ward at the University of Maryland Hospital, and came under my charge, Prof. Howard being abroad on his summer vacation. The question then presented itself, What could be done to relieve this woman of her infirmity and prevent the future increase of the growth? Here was a fibroid growth (according to the diagnosis) in a colored woman, 24 years of age, which in one year had increased from the size of a cocoanut to the size of a man's head. What would the size of that tumor be in three or four years? I judged by that time it would have been large enough to have produced a slow and lingering death, and after-knowledge gained by the operation went to support that belief. After a great deal of hesitation I decided to make an exploratory incision and see what was the proper thing to be done. As I had seen Dr. T. Galliard

*Read before the Clinical Society of Maryland, Oct. 15, 1886.

Thomas take out the ovaries in just such a case, it was my intention to do that operation if possible, and then sew up the abdomen, the tumor still remaining in situ. If the ovaries could not be found after reasonable search, and if the tumor was without a pedicle, I thought the best thing to do would be to stitch up the abdominal wound, and leave the woman in her original position, as I had not the least yearning to do a hysterectomy. The patient being perfectly willing for anything that promised any means of relief, was gotten ready for operation, and put upon the table Saturday, July 10, 1886, and, being etherized, I made the usual incision in the median line, and in a very few moments was in the peritoneal cavity. Enlarging the incision with the scissors, which are infinitely superior to the knife for the purpose, I inserted two fingers, and found, after some search, both ovaries; the left moderately movable, but low down in the pelvis, while the right was rather more fixed in Douglass's pouch behind the uterus. As the pelvis was almost filled up with a vascular, redish-looking growth, evidently uterine in charac ter, it at once became evident that to reach the ovaries it would be necessary to enlarge the incision, and lift the tumor out of the abdominal cavity. It seemed to me that by this method (and it alone) sufficient space would be obtained to get out the ovaries and tubes, as they could plainly be felt in the pelvis. I then took a pair of strong scissors, and using two fingers of my left hand to open the incision, cut open the abdomen until the wound extended some two inches above the umbilicus. The tumor was then drawn upward and forward through the incision, and the left ovary coming into view was ligated after considerable trouble, and cut off with the tube. The left ovary was found stuck on to the side of the tumor low down in the pelvis, and so incorporated with the growth, that, after several ineffectual efforts to tie it, it was for the time let alone. Just at this moment Dr. Neale, who had been holding the tumor for me, informed me of the fact that it contained fluid, and upon palpation this was evidently the case. As removal of the ovaries for a cyst could do no good, and had never been done so far as I knew by any one, I decided before taking any further step to consult Prof. J. Edwin Michael and Dr. B. B. Browne, who were present, and who very kindly assisted me during the operation. Both of these gentlemen agreed that the best thing to be done was to take out the tumor and the uterus. Any clamp not being large enough to embrace the pedicle, consisting of the cervix and part of the tumor, I decided to do the intraperitoneal operation after the manner of Martin. As there was no adhesion, a common elastic drainage tube was carried around the base of the tumor two or three times, and was skilfully adjusted by Dr. Neale, so as to cut off the circulation. To prevent any chance of hemorrhage a very stout silk ligature being passed through the pedicle as low down as possible, the stump was tied as tight as the string could be drawn, being thus divided into two parts. The cyst having been tapped, and a basin full of fluid withdrawn, I took a scalpel and amputated the tumor along with the uterus about the vaginal junction, a sound having been previously adjusted in the bladder to prevent injury to that organ. So well was the circulation controlled by the elastic ligature that not a drop of blood escaped. It now remained to trim out the tissue from the stump, so that the centre would become shaped after the manner in which the core may be cut out of an apple. This was done in such a manner as to leave the centre of the stump hollow, with the circumference projecting upward like a raised rim to a barrel. Sutures being passed through this rim from before backward the two lips were securely drawn together, with the peritoneal surfaces in apposition, just as the two edges of a clam-shell rest one upon the other. The elastic ligature was then removed, and after passing one more suture so as to stop a slight oozing in one corner of the stump, the remaining ovary was removed, and the abdomen closed up. The woman seemed to experience no immediate shock, the pulse being nearly as full and strong after the

operation as it was before. During the succeeding night she suffered slight pain, which was quieted with a fourth of a grain of morphia given hypodermically. Pulse during the night and succeeding morning beat 110 or 115 to the minute, and I felt much encouraged. During the second day, however, the pulse became too frequent, and at the same time irregular and weak, the abdomen began to be very tympanitic and sensitive to pressure, and the heart gradually becoming weaker and weaker, she finally died early on the morning of the third day.

At the *post mortem*, very kindly performed for me by Dr. Abbott, it was demonstrated that peritonitis had set in, the intestines being much distended and the peritoneum red in patches. The abominal incision was very nicely adherent during its whole length; the bladder was uninjured, and the only abnormality discovered was some five to six drachms of bloody serum found in Douglass's pouch. This serum came, I suppose, mostly from the stump, although it is possible a part of it may have proceeded from the peritonitis.

At no time was temperature over 101½. It seemed to me death resulted from nervous prostration. If she had died within twelve hours after the operation with the same symptoms I should have attributed it to ordinary surgical shock. As to whether the few drachms of serum found in the peritoneal cavity could have caused acute septicæmia is a question I do not feel able to decide positively. Formerly we were taught that septicæmia did not develop until as late as the sixth or seventh day after the operation, but I am imformed by Professor Howard that Dr. Keith teaches it may appear in some cases as early as forty-eight hours atter operation. If such be the case it is probable that some of the patients heretofore treated for peritonitis and bound up by opium, ought to have been let loose with a pair of scissors and washed out with a pail of water. Just when is the proper time to re-open a closed up abdomen is often not easy to decide. If in the case here reported the few drachms of serum in the peritoneal cavity caused the fatal result, that result would have been obviated by drainage. The symptoms, however, did not point to what we ordinarily call septicæmia. I am inclined to think that in any case where adhesions are general, where part of the the cyst's contents have escaped into the peritoneum, where the bladder or intestine have been wounded or cut open, where part of the cyst has been left behind, or where from any cause the result of inflammation may produce blood poisoning or septic peritonitis, that it would not only be good surgery to leave in a drainage tube, but if necessary re-open the abdomen and wash out the peritoneal cavity, and that, too, as early as the 2nd, 3rd, or 4th day after operation, according to the severity of the symptoms. It would do no harm, and might do much good. The antiseptic used in this case was the bichloride of Hg.; that is to say, the instruments were thoroughly scrubbed in a one to two thousand solution of this drug, and afterwards only clean water was used to wash, sponge, &c. In concluding this very short report, I may take time by the forelock, and answer by anticipation a question that will surely be asked, viz.: But why did you take out the uterus with the tumor? Of course one could not be taken out without the other. One step of the operation unavoidably led to another. To gain any knowledge whatever concerning the ovaries, it became absolutely necessary to turn the tumor outside of the abdomen. Then, and then only, was it discovered that the growth was cystic, and that the extirpation of the ovaries would do no good. It would have been about as difficult to return a child to the cavity of the uterus, after having been once delivered, as it would have been to have attempted to return this tumor into its bed in the abdomen; it was accordingly extirpated. Fibrocysts of the uterus are very rare, and the literature upon the subject is scanty. Among the colored race, I have read of no similar case, nor does any book with which I am acquainted give the history of such an operation in a colored woman.

Society Reports.

CLINICAL SOCEITY OF MARYLAND.

STATED MEETING HELD OCTOBER 15, 1886.

PRESIDENT'S ADDRESS.

After calling the meeting to oder the newly-elected president, Dr. Randolph Winslow, addressed the Society as follows:

Gentlemen of the Clinical Society:

Elevated by your favor to the highest office within your gift, let my first official act be the expression of my most profound thanks for the honor which you have conferred upon me. Permit me at the outset to claim your indulgence for the many shortcomings which I shall exhibit in the discharge of my duties. I am not profoundly versed in parliamentary usages as have been some of my predecessors, nor is mine a silvery tongue to give utterance to words of eloquence, as was theirs. When I remember those who have preceded me in the presidential chair of this Society, men giants in intellect as well as in body, I am impressed with my own unfitness, and am ready to exclaim with Gideon of old, "Behold my family is poor in Manasseh and I am the least in my father's house." But let me assure you gentlemen, that whatever my imperfections may be it will be my endeavor to fill the office to which you have elected me to the extent of my abilities and to the best interests of this august body. The Clinical Society is now entering upon the eleventh year of its existence, and is found to be in sound scientific and financial health. Arising like a phœnix from the ashes of the old Pathological Society, it has sought to avoid the causes which led to the untimely dissolution of that association, and to make the meetings occasions for scientific discussion rather than for wordy disputes upon doubtful ethical questions. It was especially intended that the proceedings should be of a practical clinical character, but the Society has long since grown out of its swaddling clothes, and communications upon any subject connected with the science and art of medicine are cordially welcomed, whether they be some abstruce investigations into the etiology of malaria, or reports of bold invasions of remote and inaccessible regions of the body, or the discovery of an elixir vitæ for the healing of human ills and restoration of pristine youth. From the first the history of the Society has been that of uninterrupted progress. Its meetings have increased in interest and in attendance, until they are now the best attended of any medical society in the state. I do not think it is too much to say that the medical profession of Baltimore is under obligation to this Society, and that it deserves to rank with our colleges and hospitals as an educational institution. As has been stated, the character of the communications and discussions at the meetings have progressively improved, so that rambling papers and desultory talks are, as a rule, things of the past, and the Society has a well earned reputation for solid scientific work. Let us see to it that the good name of the Clinical Society is not only not tarnished by this winter's labors, but that its fame is rendered brighter and more enduring.

In what way can we coöperate to add to the interest of our meetings? First of all I would suggest prompt and regular attendance. Let the first and third Fridays of each month be held sacred to the Society, attendance on which should only be interrupted by some dire calamity, as an earthquake or—twins. Let those who read papers remember Billings' advice to say what you have to say and stop. Let papers be written in as few words as in compatible with the proper presentation of the subject, bearing especially in mind the fact, that there is no room for poetry or flights of the imagination in a scientific or technical communication. To those who contemplate taking part in the discussions, I would say, if you have anything of interest to communicate in connection with any subject under consideration, you will be very remiss not to let the Society have the benefit of your remarks, but be sure that you have some-

thing relevant before you take up valuable time. If you have nothing worth saying, keep quiet. Let not these remarks, however, be construed to mean the repression of anyone who may be too modest to put himself forwards. It is not intended that the Society shall be monopolized by a few, who from one or another cause may have become prominent in it. In order to maintain a good healthy physical condition, all the members of the body must be exercised, and for the health of a society the same holds good. A valuable fact or observation may be communicated by a young member as well as by one who is more ancient in years. Do not then let the modesty of youth restrain you from that participation in the proceedings of the Society which is proper, and on the other hand, let neither the garrulousness of age, nor the assumption of knowledge impel anyone to multiply words without wisdom. Let us conduct our discussions dispassionately and with due courtesy and consideraton for each other. It has been suggested that all discussions should be limited to five minutes for each speaker, but that is rather too short an allowance. Some of us do not get wound up and in running order in that length of time, but ten minutes ought to be enough for anybody. For the past year there have been no regular subjects for debate, but the course of events has been determined by fortuitous circumstances. Generally these chance circumstances have combined to make a varied and attractive entertainment, but we may pause to consider whether we have not been sailing a little too much without a helm. Would it not add to the interest of our meetings to have occasionally some subject assigned by the Executive Committee for discussion, different parts of the subject perhaps being assigned to different individuals. I simply throw out the suggestion, but have no desire at all to infringe upon the prerogative of the distinguished gentlemen who compose the Executive Committee of this Society or to introduce any innovations which may not be improvements. There is a natural tendency in everybody to bring that which is striking or marvellous to the notice of his confréres, and to neglect that which is commonplace. In no place is this more apparent than in a medical society. It is much more glorious to parade our successes in some mighty operation (and we generally forget to say anything about our failures) than to counsel with our brethren in regard to some more common procedure. Nevertheless the greater part of one's medical life is spent in treating ordinary affections. We have had several times in the past very instructive discussions upon some of the ordinary complaints. It seems to me that whilst the marvellous and heroic are very enjoyable, they may be likened to a desert which should be partaken of after a substantial meal of ordinary viands. One does not often have the opportunity of giving that cheap article, advice, to such an association as this, but if you will bear with me a few moments longer, I will make my bow and gracefully retire. It has seemed to me that there is not enough general medicine and therapeutics in the transactions of our Society. Surgery does not lie in the background for lack of champions to plead its cause and if need be to enter the lists, "horridus in facalis," ready for the fray. The gynæcologist is early, "up and doing" in behalf of his art, and the voice of the laryngologist and the occulist is heard in the land, but the exponent of practical medicine, like the offended Achilles keeps to his ships at a safe distance from the arena of action. To come down to plain language, I think we hear as much as is necessary of laparotomies for intestinal obstruction, or of wiring the fractured patella, and scarcely as much as would be profitable of pneumonia, or typhoid fever, or the application of remedies to the treatment of disease.

These few suggestions have arisen in my mind, and I thought it might be permissible to give expression to them upon this inaugural occasion. And now, gentlemen, thanking you for your indulgence, I will no longer trespass upon your valauble time. With the earnest desire that this the eleventh season of the Clinical Society, may also be its most pros-

perous, I declare the session of 1886-87 to be now open.

Dr. Oscar J. Coskery then read a paper on

A SHORT NOTE ON TWO CASES OF TRAUMATIC ANEURISM CURED BY PRESSURE.*

DISCUSSION.

Dr. R. Winslow said these cases of aneurism of the superficial palmar arch must be quiet rare. He had had one case, resulting from a punctured wound of the palm. In this case an attempt was made to cure the trouble by pressure, but the patient not being under close observation, it had not succeeded. The arteries at the wrist were then compressed, and pressure upon the radial caused an arrest of pulsation in the swelling, this vessel was then ligated at the wrist. Subsequently the pulsation returned and the ulnar artery was also tied, with the result of effecting a rapid cure of the aneurism. He agreed with Dr. Coskery that an operation ought not to be performed, if the same result could be obtained as well and as quickly by other means, but when danger from an operation is so slight as it is here, he would personally prefer to submit to ligation of the vessels leading to the tumor, than to be prevented from earning his livelihood for four or five months. Mr. Bryant recommends ligation of the brachial artery for wounds of the palmar arch, but it certainly seems preferable to tie the vessels at the wrist, or in the wound, or above or below the sac when aneurism is present.

Dr. O. J. Coskery said the cases were particularly interesting to him because they were the only injuries to the palmar arch that he had treated that were followed by aneurism, and these two occurred inside of about two weeks of one another. He shows the cases to illustrate that it is not always necessary to do a cutting operation for the ligation of the vessels under such circumstances.

Dr. John Chambers thinks the rapidity of the method pursued an item of great interest from the standpoint of the patient, especially where he is obliged to earn his living by the work of his hands. In Dr. Coskery's cases four months was the time taken to accomplish a cure. He thinks by ligation of the vessels supplying the aneurism, and clearing out the clot under antiseptic precautions that just as good a result could have been obtained in very much less time and with as little risk to the patient.

Dr. L. McLane Tiffany had had occasion to treat an injury to the palmar arch in which, instead of there being an aneurismal formation there was rupture of the vessel with hæmorrhage into the palm. He agrees with Dr. Coskery that it is improper to cut where unnecessary, but one's course in these cases should be governed by circumstances. He don't think ligation of the brachial high up should be considered.

Dr. Wm. Pawson Chunn then read the report of a case of

SUPRA-VAGINAL HYSTERECTOMY FOR FIBRO-CYST OF THE UTERUS IN A NEGRESS.

DISCUSSION.

Dr. B. B. Browne was much interested in Dr. Chunn's report. He had seen the operation and it was skillfully done. Don't think Dr. Chunn could have pursued any other course. In his opinion death resulted from septicæmia. Asked if the woman had ever taken ergot, as it has been claimed that cystic degeneration is common in fibromata after the administration of ergot. In some respects Dr. Chunn's case resembled one that he had had about two years ago. It occurred in a colored woman and from its appearance was a prolongation upward and an enlargement of the whole fundus uteri. The tumor was probably a fibroid change in the fundus itself.

Dr. L. DeL. Gorgas asked why Dr. Chunn did not tap the tumor before removing it from the abdomen.

Dr. W. P. Chunn in reply to these questions said, that the woman had

*See MARYLAND MEDICAL JOURNAL, October 16, 1886.

*See page 13.

taken ergot at different times, but had never been on a systematic course of this treatment with the object of destroying the growth.

He did not tap before removing the tumor from the abdomen because the indications of the presence of fluid were so slight that he did not detect it at that time. It is not infrequent for a small amount of fluid in a tumor to resist all efforts at detection through the abdominal walls. Don't think any of her symptoms pointed to death from septicæmia.

Dr. B. B. Browne said the question often arose as to the propriety of operating upon young women suffering from these tumors. In his opinion it is eminently proper. He thinks it gives them a longer lease of life.

Dr. R. Winslow said he took it for granted that septicæmia following abdominal operations did not materially differ from septicæmia following general surgical operations. There were cases in which septicæmia developed rapidly, and terminated fatally without any very marked rise of temperature; moreover it is not necessary for a larger quantity of fluid to be found post-mortem or for this fluid to be ill smelling, to prove that the patient died of septic poisoning. We must bear in mind that there are two distinct conditions grouped under the term septicæmia, one due to the absorption of a certain amount of putrefactive material, the symptoms being due to *quantity* of the morbid material which has been absorbed. The poison in this case is *chemical*, and is of the nature of a *ptomaine*, and is formed in someway through the agency of the ordinary germs of putrefaction, the bacterium termo. The other condition is a *septic infection*, and is due to the entrance of *pathogenic germs*, micrococci and bacilli, which rapidly increase after gaining entrance into the system. In this case the secretions need neither be bad smelling, nor of large amount as the poisoning is not due to the *quantity* of the poison absorbed, but to the *quality*. He did not see any reason to disagree with Dr. Browne's opinion that the woman died of septicæmia, and that this was due not to inefficient drainage, or absorption of decomposing fluids, but to the entrance of specific germs, which the atmosphere of a general hospital is always loaded with.

Dr. O. J. Coskery said that Erichsen in his last edition mentions a case of septicæmia, following upon a gunshot wound, that proved fatal in three days.

Dr. J. H. Branham thinks some cause for the peritonitis should be pointed out.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, OCTOBER 7, 1886.

The President, B. F. Baer, M.D., in the chair.

RUPTURED FALLOPIAN PREGNANCY, LEFT SIDE.

Dr. Joseph Price exhibited the ovary and distended tube which had burst spontaneously. No fœtus was discovered; a very free hæmorrhage into the peritoneal cavity had occurred. In the vast majority of cases the rupture is fatal. The cause of death is invariably hemorrhage.

Dr. Price also exhibited specimens from a case of

DOUBLE PYO-SALPINX WITH CYST OF THE RIGHT BROAD LIGAMENT AND ABSCESS OF THE OVARY OF THE SAME SIDE,

The specimen consisted of both fallopian tubes and ovaries and was a good example of pyo-salpinx, both tubes being closed at the ends and distended with pus. The right tube was long and very much distended and with a large abscess of the ovary and a cyst of the ovary as large as a base-ball, occupied the whole of the right side of the pelvic cavity, where the entire mass was firmly bound down and gave rise to great suffering.

The diagnosis in this class of cases is either made or it is not made. He is quite sure Mr. Tait before proceeding to an operation is fairly certain of his diagnosis and this generally presents but little difficulty. It is true that he operates

early, as soon as he recognizes dangerous trouble. Dr. Price feels certain that delay with us is accountable for the large death rate. Dr. Mundé says of Mr. Tait, "Now his wonderful dexterity and tactile sense come into play, for with these fingers he at once makes the diagnosis which he appears to pride himself on not attempting to make with occuracy in those cases demanding removal of the uterine appendages, the so-called 'Taits Operation' except through the abdominal incision."

While at Bermingham, recently, he visited regularly his large public clinic, and watched carefully his rapid examination; he cited one case to illustrate the fact that Mr. Tait made his diagnosis through the vagina. After passing a number of cases, displacements, etc., which he did not think of sufficient importance to ask us to examine he came to one finally and asked us to examine and express an opinion. Dr. Price examined and found the physical characteristics of pus, Mr. Taits's reply was "quite right." The patient was at once sent to Spark Hill for operation. One tube was found full of pus, the other partially filled and the ovaries cystic. This case illustrates that Tait does not guess at conditions and resort to abdominal section for diagnostic purposes. A world of mischief has already come of such statements. Of course there are exceptional cases demanding exploratory incision. Tait says, "Save when the seat of such organic disease as will explain genuine suffering, the uterine appendages ought not to be removed, and that those who attribute all the pelvic aches and ails of women to the ovaries and tubes and rush to remove them are dangerous people."

Dr. Longaker considered case I., one of tubal pregnancy. Recurring attacks of peritonitis should direct attention to the probability of pyo-salphinx. The condition should be easily recognized, but is sometimes overlooked.

Dr. Howard A Kelly remarked, that in view of the increasing number of cases of hemato-salpinx which we were now meeting, it was of the utmost importance that all those which came under our immediate notice should receive a more rigid examination, and elaborate attention should be directed to the clinical history. He believed positive diagnostic signs would be discovered which will make our interference more a matter of scientific certainty. Dr. Kelly was not speaking of those cases of a minor degree of tubal apoplexy or hemorrhage symptomatic of a grave dyscrasia, but of those in which owing either to a closure of an outlet or to disease of the mucous membrane of the tubes or grave local circulatory disturbance a mass collected forming a sausage like tumor producing various symptoms, some of which are common to pyo-salpinx. There is always great local tenderness and often masses of exudate imbedding and obscuring the original tumor, and in cases of rupture often a peritonitis as rapidly fatal as in pus-cases.

The suspicion that a tubal pregnancy lies at the bottom of the explanation in all these cases is negatived by the fact that a majority of the cases are hemato-salpinx of both tubes.

A very important symptom which I learn was present in Dr. Price's case was also prominent in my own case, that is a stillicidium of bloody grumous material per uterus and vaginam, which is regarded by the patient as a prolonged menstrual period. This undoubtedly flows from the tube and is altogether analagous to the free purulent discharge from the tubes of pyo-salpinx which he has seen. He intends in his next case of this kind to catheterize the tube and dilate and endeavor to relieve his case of hemato- or pyo-salpinx in this way if the discharge exists in sufficient quantity to lead him to suspect a patulous uterine orifice.

Cases of hemato-salpinx resulting in rupture and death have been reported; one is figured by Winckel.

There are several facts in connection with the life-history of pyo-salpinx which he would like to emphasize. In the first place, he has seen no case which was not the product of a gonorrheal infection and while not prepared to deny the possibility of a purulent change in the contents of a hydro-salpinx, for which

Bandl contends, these cases, so ably worked up by Dr. Price and his own observation elsewhere all point to *gonorrhœa.*

Again *these cases with a history of such acute onset*, constant agonizing pain and constant high temperature and often typhoid condition are the advance stages of a florid gonorrhœa, and are found almost exclusively among the unmarried and result from contact with a similarly active gonorrhœa in the male. They form a picture utterly different from that developing from the exposure of a wife to the discharges of a husband who has been told that a trifling gleaty discharge amounts to nothing, or who has long appeared well, only noticing the discharge after occasional debauches or unusual sexual indulgence. *Here the disease assumes the insidious sneaking type*, commencing with little periodical pains scarcely noticed at first, a slight excess of menstrual flow with more pain after, and so on for months until perhaps an abortion or a pregnancy completed seems to open up channels for a more serious and general infection. I have had typical cases of this in my own practice It will be often noticeable here that in view of the much greater suffering experienced after the puerperal period, the patient will forget what has gone before and blames her subsequent trouble on the mismanagement of the doctor.

The extreme importance of this whole question, second to none in the whole range of gynæcological investigations, suggests to the mind many pertinent inquiries. What parts of the female genital tract are the favorite seats of the disease? In what order are the structures attacked? May it linger long in one part and then under some change of condition attack another part? What is the resisting power of the virus to our various therapeutic agents?

The third question he believes he can answer satisfactorily. In addition to the well known cases in which the disease lingers indefinitely in the urethral tubules and the vulvo vaginal glands, *he believes that in many of our cases of pyo-salpinx the disease has already lingered for a long time in the uterine mucosa and has shown itself in the form of a uterine catarrh.* Since formulating this doctrine for himself it has necessarily carried him back to the treatment of many of his cases by topical intra-uterine remedies, a form of treatment which he had some time since abandoned as irrational.

A patient is now coming to his office from whose pelvis he literally quarried out a large stinking tubo-ovarian pus-sac. The left tube and ovary were unaffected and he left them. She has a free purulent discharge from the uterus for which the only rational treatment is active local measures.

It is important to recognize the fact that apart from a slight irritation of the outlets of the glands at the vulvar orifice there may be no other signs of gonorrhœal disease than such discharge as issues from the os uteri. The vagina may be perfectly sound. Baum and Schrawtz lay especial emphasis on the fact that flat epithelium of the vagina has great powers of resistance against the poison, while delicate epithelial structures, particularly the ciliated, are its favorite resting places.

We will apply our remedies with some success if we bear in mind the fact that the disease does not merely lie on the surface waiting to be wiped off to effect a cure, nor does it merely penetrate the tubular glands, but it invades the interior of the individual cells and attacks the nuclei; it penetrates the strata of connective tissue below, penetrates blood vessels and lymph spaces and forms thrombi. Relapses then, even after the most energetic treatment, need not surprise us.

We find here, as in many other points, our forefathers did wiser than they knew; their therapeutic resources reached far beyond their knowledge of etiology. No wonder they used the most powerful acids and loved to leave a stick of solid nitrate of silver in the uterus to cure this most obstinate catarrh. If he cannot succeed in catheterizing some of these cases, he knows of no other way in which a perceptible deposit of pus once formed in tube can be re-

moved but by the radical operation. And let there be no delay here. Cases have been lost simply from the secondary consequences of carrying around this bag of pus in the abdomen. Dr. Veit alone lost two cases from brown atrophy of the heart.

Dr. M. Price remarked that good results in his brother's operation were due to free irrigation; from three to five gallons of warm water was used to cleanse the peritoneal cavity and to stream through it for ten or fifteen minutes.

Dr. Baer made some remarks upon the value of intra-uterine medication. Although high authorities had denounced it as unnecessary and dangerous, he had continued to use it, he has never given it up as he has always found cases where it was needed; the method has been productive of good results in his hands and he never expects to give it up. It will not cure pyo-salpinx but may prevent it. It will be ludicrous to see the ultra-scientific return to intra-uterine medication after the denunciation to which it has been subjected. Dr. Baer prefers the injection of tincture of iodine, carbolic acid, nitric acid or whatever application may be preferred, say about twenty minims by means of a hard rubber syringe to any of the cotton wrapped or other form of applicator. No case of inflammation has followed this method of treatment in his hands, and he has less uterine colic than with the applicator, perhaps because less force is required, no tenaculum or counter pressure is necessary.

Dr. J. Price, in closing the discussion, remarked that in the first case there had been a missed period, and two or three weeks later a flow of blood commenced and was continuous for weeks, with tenderness of the abdomen. By the microscope only can an exact diagnosis be made between hemato-salpinx and tubal pregnancy, and he had had no opportunity to make an accurate one. Rupture may occur early in tubal pregnancy.

An unhealthy condition of the endometrium is very rare. The abortive treatment of gonorrhœa, as applied to the male urethra, has resulted in orchitis and stricture. The case of pyo salpinx was operated upon four weeks after an abortion.

Dr. Drysdale, in view of recent strictures upon intra-uterine medication, would like to mention a case seen by him under Mr. Tait's treatment in 1883. The condition was endometritis, and Mr. Tait etherized the patient, dilated the uterus, and applied the Pacquelin thermo-cautery thoroughly to the endometrium.

Dr. B. F. Baer presented the specimen and related the following history of

A CASE OF FIBRO-SARCOMATOUS TUMOR OF THE OVARY.

Mrs. ———, aged 36 years, married, two children, youngest 15 years of age. About July, 1885, she first noticed that the lower portion of her abdomen was increasing in size, especially in the left iliac region, and she was troubled with flatulent dyspepsia. She had suffered for many months before with pain in the left iliac region and on November 29th she was seized with what she characterized as terrible pains in that region. She was compelled to take to her bed and her physician said she had pelvic peritonitis. She remained in bed three weeks, when she became able to be up, still suffering considerable pain, however, with diarrhœa and an occasional discharge of blood from the rectum. She now noticed a hardness in the lower left iliac region. This continued to increase in size while she grew weaker and began to lose flesh. At this time she passed into the care of another physician who ordered her back to bed and blistered the surface of the abdomen. She remained in bed four weeks, but the growth failed to diminish in size; on the contrary it continued to increase. On February 10th she was able to get up and began to feel stronger, but suffered from excessive tympany together with nausea, loss of appetite and great pressure upon the rectum and bladder. She also suffered from severe dyspnœa.

On March 20th she was suddenly seized with cramp-like pains in the region of the tumor. These continued for a few days, with almost entire ab-

sence of sleep and with continued nausea. The pain gradually subsided, but she was losing flesh and strength. She had another attack of pain with such dyspnœa as to make her recovery a matter of doubt. Ten days later she first consulted me. On examination I found the abdomen greatly distended and tympanitic except in the left hypogastric region which was dull on percussion. Palpation revealed an irregular lobulated mass, apparently having pelvic connections. The uterus occupied the right anterior portion of the pelvis, crowded over by the mass in the left pelvic region. This mass was hard and firm and nodulated, extended into the hypogastric region and was apparently closely connected with the uterus as well as with the other organs of the pelvis.

The previous history of the case, together with the physical signs now present, led me to suspect the presence of pus, possibly suppuration in a thick walled ovarian cyst. The uterus measured two and a half inches in depth. Its connection with the tumor did not seem more than ligamentous, and the apparent rapid development weighed against fibroid tumor of that organ.

The indications were plain. The patient entered my private hospital, April 29th, ether was administered, and an exploratory incision was made. This revealed a nodulated mass having the color and appearance of a thick walled ovarian cyst; but it seemed to be solid throughout, and was firmly fixed in the pelvis. Its size could not be reduced, and the incision was increased to six inches, the tumor separated from its adhesions and lifted from its nest. I was much gratified to find that it had a very small pedicle, which was tied, and the tumor was removed.

The patient bore the operation badly, and it was thought that she would succumb on the table, it was hours before the pulse could be felt at the wrist; but she rallied, and the next morning she seemed to be quite well. After alternate sinkings and rallyings, she died on the evening of the second day from shock, from which she had not entirely recovered since the operation. There was not the slightest evidence of inflammatory action. The discharge from the drainage tube had ceased, and the wound was healing nicely.

This case is interesting on account of the character of the tumor. "A true fibrous tumor of the ovary is a thing of very rare occurrence," says Wells, and he goes on to say, "It will be found that many cases reported as ovarian fibroids are in reality tumors beginning in the uterus, which overgrow and involve the ovary, so as to disguise its natural appearance, or conceal it altogether." Doran says, "I have never found a solid ovarian tumor to be formed of pure fibrous tissue, and strongly suspect that fibroids of the ovary are identical pathologically with fibroids of the uterus. All the solid tumors that I have seen removed at operations have proved to be sarcomatous or cancerous."

Dr. Formad, who kindly examined this specimen for me, sent me the following report: "The solid tumor of the ovary showed, upon microscopical examination, to be a fibroma, with decided sarcomatous change—a fibro-sarcoma." A peculiarity of this tumor is its nodular character.

Dr. Kelly remarked that true fibroid of the ovary is very rare, and the specimen here presented is not, in his opinion, fibroid, but sarcoma. The only fibroid he has seen was one which he examined last spring. That tumor was about one centimeter in diameter, and although attached to the ovary, lay in the grasp of an adherent fimbriated extremity, which cast some doubt upon the origin of the small growth. The so-called fibroid appears to be in every way analagous to the "fibroids' of the uterus and broad ligaments, and a useful diagnostic expedient is the appearance of bundles of "sympathetically" enlarged fibres, coursing from the hilum into the broad ligament.

Dr. Baer also presented the specimen, and related the history of

A MONOCYST OF THE OVARY.

Mrs. J., aged 29; married four years; sterile. Puberty at 14 years of age, and

menses always normal. Seven years ago she first discovered that the lower portion of her abdomen was increasing in size. This continued very slowly during the next three years, and at the time of her marriage it was large enough to be perceptible to her friends. It ceased growing until six months previous to the date at which she first consulted me, April 14th, 1886, when she seemed to be in excellent health; no loss of flesh; no pain; complexion ruddy, and appetite good. Menstrual flow increased, and accompanied with uterine tenesmus during the last two months, and she had to complain of pressure and over distension. When the patient was in the dorsal position, the abdomen did not flatten out, and it was symmetrical and smooth. Dullness on percussion over the anterior and lateral surfaces of the projecting portions of the abdomen, with resonance in the line of color. There was marked fluctuation in the dull region. Vaginal examination showed the uterus anteverted, of normal size, not freely movable, yet not closely adherent to the tumor.

Diagnosis.—Probably cyst of the broad ligament, from the long existence of the tumor, its slow growth, symmetrical development, together with the fact that it had not influenced the patient's health during its growth until it had attained such a size as to interfere with respiration. Its removal was advised, and the operation was performed at my private hospital, April 27th. An incision, three inches in length was made. The tumor was rather darker in appearance than is usual in cysts of the broad ligament. It was now tapped, and a dark grumous fluid drained away. The tumor collapsed, and was easily drawn through the incision, when its pedicle was found to consist of the entire broad ligament, and to be very short, holding the base of the tumor deep in the pelvis. I was compelled to enucleate the cyst, leaving a broad open pedicle or surface, which I ligated *en masse*.

An accident now occurred, from which the patient almost lost her life from hemorrhage, viz.: Slipping of the pedicle ligature. The mistake was in endeavoring to make a pedicle of the broad ligament, which had been laid widely open by the enucleation of the tumor, and which was not a proper pedicle. The mass was too great to be held by ligature, and was treated by bringing the edges together by interrupted sutures, of which ten were required. The hemorrhage was checked by grasping the vessels in clamp forceps until the sutures were placed. There were no after symptoms. The patient is now entirely well.

I call attention to the monocystic character of this tumor; its location in the broad ligament, and to the character of the contained fluid—dark-colored and thick, not pure and limpid as is usual in cysts of the broad ligament proper.

The report of Dr. Formad is "The cyst is a monolocular one, developed from the ovary undoubtedly. Its lining is characteristic of ovarian cysts-epithelial and whatever scrapings from the wall could be obtained showed the ovarian cells of Drysdale. The fluid was dark, grumous and turbid which excludes cysts of the broad ligament or parovarian, as the latter kind of cysts have always a limpid clear liquid."

Dr. B. F. Baer also presented the specimen and read the history of

A CASE OF "BURSTING CYST OF THE OVARY."

Mrs. E. Q. was sent to me by her physician, Dr. James Simpson. She was 47 years of age and had been married 27 years, but had never been pregnant. Puberty at 14 years; menstruation always painful. She stated that twelve years ago she had felt a "lump" in the left iliac region. This was painful, especially during the menstrual period. In the fall of 1885 the lower portion of her abdomen began to enlarge, and within a few months it so increased in size as to render locomotion and respiration difficult. On January 1st, 1886, while riding in a street-car she was jolted in crossing a railroad track. She was at once seized with great pain in the abdomen, accompanied with pallor and faintness. She was taken home and placed in bed. A short time afterwards she began to vomit a fetid fluid which

came up in large quantity and at regular intervals, and at the same time she passed fluid of the same character from the bowels. The next day she had in addition attacks of profuse perspiration. She also had a slight metrorrhagia, the first evidence of menstrual flow since January, 1884. The abdomen rapidly diminished in size, and within a week had regained its normal dimensions. It was three weeks before her strength had returned sufficiently to permit her to go about. She soon noticed that her abdomen was filling up again, and within a month it had become as large as it had been on January 1st. During the first week in March she was again seized with pain of the same character, and followed as before by vomiting, purging, diuresis and diaphoresis, and reduction of the abdominal distension. All of the symptoms were more marked in the second attack. Six weeks afterwards she was as large as ever, and she then came into my care.

She presented an appearance of great pallor and commencing emaciation. The "facies ovariana" became plainly perceptible. She was very nervous and excited for fear of a repetition of the phenomena that had occurred before.

On examination in the dorsal position, the abdomen was rather projecting—not flat—and was larger on the right than on the left side. It was smooth throughout, and gave a dull sound on percussion over the whole anterior surface, resonance existing in the line of the colon. There was marked fluctuation throughout the dull portion. Vaginal touch showed the uterus to be situated high, as if it were drawn upward. It was not freely movable, and the external os too small to admit the sound.

Diagnosis.—Ovarian cystic disease; immediate operation advised.

On July 22nd the operation was performed at my private hospital. Incision three inches, in median line, wall of the tumor thin and dark-colored. The trocar was passed, and the contained fluid, dark in color, drained away. The cyst collapsed and was easily drawn through the incision. The pedicle was short and broad, consisting of the broad ligament, and requiring enucleation of the tumor before its ligation could be accomplished. It was now found that another tumor existed on the left side. This had a peculiar shape, being elongated and deeply seated in the pelvis, as though it were entirely sub-peritoneal. The peritoneum extended out from the uterus, spreading over the tumor, and approaching the abdominal wall, as is sometimes seen in a fibroid tumor of the uterus which has pushed that membrane upward in its growth. The cyst extended along the line of the colon, and at first I was not sure that it was not that organ greatly extended by gas. I soon determined that it contained fluid, and that its general appearance, color, etc., were similar to those of that just removed. It was emptied by means of the trocar of a fluid similar to that of the first tumor, and the tumor collapsed. I hesitated as to the proper course now, because of the large and broad base of this cyst and its close adhesion to the descending colon. I first thought of stitching it to the abdominal incision, and inserting a drainage tube into it, and was soon afterwards sorry that I did not follow out my first idea. I began an attempt at enucleation, and this was attended by so much hemorrhage from the large surface which it was necessary to dissect that I was compelled to desist. I had separated at least six inches of the descending colon from the cyst, when I found that the latter dipped down so deeply into the pelvic excavation that I concluded it would be hazardous to finish the enucleation. I was in a quandary, for I had only two-thirds of the lining membrane of the cyst in my control, and I finally did what I was never compelled to do before, and what I may be criticized for doing in this case. I drew up as much of the cyst as was possible, threw a ligature around the mass, tied it as a bag, and cut away the external portion, thus, leaving a large quantity of the lining membrane still within the pelvis. The oozing of blood from the large open surface was checked by ligatures, and compression forceps until all bleeding had ceased. The toilette of the peritoneum was then made, a drainage tube inserted

and incision closed. During the next few hours there was a free discharge of bloody serum through the tube, but by the next morning it had ceased. On the third day the tube was removed. The patient made an excellent recovery and went home on the 53rd day.

The points of interest in the case are 1st. The bursting character of both of the cysts. 2nd. Their monocystic character and probable ovarian origin. 3rd. The deep attachment of the one on the left side and its partial removal only.

"Bursting Cysts of the Abdominal Cavity" is the title of a very instructive paper which was read before the Gynæcological Society in 1881, by Dr. Wm. Goodell, and in the paper itself and the discussion which followed, it was shown that this character of tumor is not so rare as the experience of a single individual might indicate. In addition to the cases which Dr. Goodell himself reported, three in number, there were no less than ten of the members present who had met with cases of similar character, some of the gentleman as many as six or seven. Only two or three of the cases reported died as the result of the discharge of the fluid into the abdominal cavity. This appeared to prove that the fluid of an ovarian cyst was not so irritating to the peritoneum as had been supposed. Dr. Goodell took the position that these cysts were of the broad ligament or parovarium and not true ovarian cysts and as a consequence the fluid was bland and unirritating, being readily absorbed and discharged through the emunctories. This view is probably correct for the majority of cases, but there are others where evidence furnished by operation has proved the origin of the bursting cyst to have been in the ovary. The monocystic character of the tumors in this case and their location beneath the peritoneum, within the folds of the broad ligament, would seem to indicate that they originated in the parovarium and not in the ovary; but the character of the fluid and its rapid secretion are in favor of an ovarian origin. An interesting feature in this case is the fact that the fluid was discharged by vomiting and purging as well as through the bladder and skin, showing that it must have been emptied into the abdominal cavity as well as into the intestinal tract. From the close attachment of the tumor on the left side to the colon, it is probable that this cyst discharged itself into that organ and was thus thrown off by vomiting and purging. While the fact that diuresis and diaphoresis took place at the same time in such quantity, and the abdominal distension entirely disappeared would lead to the conclusion that both cysts must have bursted simultaneously, the one discharging into the bowel, the other into the peritoneal cavity. This is interesting if true, and probably unique. At least I have not been able to find a record of a similar case. I examined this patient recently and found only a slight induration on the left side. She has been quite well.

Dr. Harris mentioned a case of bursting cyst that had been sent to Dr. Atlee for operation after the cyst had burst once and refilled. The day had been fixed for operation but menstruation coming on a postponement was made and the cyst again burst and the woman died in collapse. Ovarian tumor had been diagnosticated.

Dr. Parish reported a case of rupture of an ovarian cyst which occurred in the "old women's ward" at the Philadelphia Hospital. The rupture was spontaneous while the woman was in bed, she died in in a few minutes from the shock. In another instance in which rupture had not been suspected, one cyst, the contents of which were colloid, had burst, another cyst was found and removed. There was no evidence of acute inflammatory action.

Dr. Baer exhibited a

FIBROID POLYPUS OF THE UTERUS.

The patient had suffered from metrorrhagia for two or three years. Labor-like pains followed by spontaneous expulsion of the tumor which was supposed by three physicians to be an inverted uterus, it was replaced in vagina and tamponed. Dr. Baer found the uterus in normal position and removed the tumor by means of the spoon-saw.

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Editorial.

SOME BOOKS WHICH ALL PHYSICIANS SHOULD READ.—During the past eight or ten months the literary journals of Great Britian and of this country have been filled with attempts to form a list of "the best hundred books" of the world's literature. The impetus to the discussion was given by Sir John Lubbock in a lecture delivered before a Workingmen's College. Sir John's intention was to indicate what books are best worth reading by the average man who desires a general knowledge of the progress of human thought.

The practical value of such prescribed courses of reading may be open to question, and an inspection of the lists submitted by a number of distinguished men of letters, such as Prof. Ruskin, William Morris, Swinburne, Prof. Max Müller, the head masters of Eton and Harrow Schools, and Prof. Blackie shows a wide divergence of views upon the subject, and it would probably be difficult to draw up a catalogue of books which any two equally competent judges would agree upon as "best."

The discussion has, however, suggested a few thoughts to us upon a similar topic. Commencement orators never fail to picture the necessity of constant study as a condition requisite to the professional success of the newly-fledged doctor. It goes without saying, of course, that the earnest student and physician will always endeavor to keep in line with medical progress by a diligent study of what may be called the "tools" of his profession, *i. e.*, text-books, special monographs, and medical journals. But there is a different class of professional reading, which cannot be included among the "tools," and which, nevertheless should be read by every physician who aspires to be something more than a mere handicraftsman. We do not allude here to the master-works of general literature; these should be the intellectual property of all educated men. In submitting a list of such books as in our opinion, are best worth reading by physicians, we do not desire to be considered as prescribing for those whose tastes lie in a different direction; neither do we wish to be considered as conceited enough to believe that many of our readers could not furnish better lists. Our desire is simply to indicate more or less specifically the books which represent the history of the progress of professional thought, and which no one with any claim to professional culture can afford to ignore. Our list is as follows:

1. *Hippocrates. On Ancient Medicine; On Airs, Waters and Places, and Aphorisms.*

These works are fairly representative of the writings of the father of medicine. They are now accessible to American physicians in Dr. Francis Adams' unequalled translation, as published in Wood's Library for 1886.

2. *Celsus. Eight Books on Medicine.*

There are three English translations of this classic, by Lee, Greive and Stegall, but they are all out of print and rare. A French translation by Védrénes was published by Masson in 1876. Dr. Lee's translation is in the library of the Medical and Chirurgical Faculty of Maryland.

3. *Rhazes. On Small-pox and Measles.*

Dr. Greenhill's scholarly translation of this monograph of the most original of the Arab physicians was published by the Sydenham Society, in 1848. There are also earlier English translations by Theobald and Stack, the last being reprinted a number of times in a collection of Mead's works. A reprint of Greenhill's translation is very desirable.

4. *The Code of Health of the Medical School of Salernum.*

Of the *Regimen Sanitatis Salernitanem* various translations have been made. Professor John Ordronaux has given an exquisite version of this charming and suggestive poem. Unfortunately it is published in such an expensive form (N. Y., Harper & Bros.) that it is inaccessible to many.

5. *Sydenham. On Small-pox, Gout and Dropsy.*

An American edition of Sydenham's works was published by Dr. Benjamin Rush. It is now out of print, but is not very rare.

6. *Van Swieten. Commentaries on Boerhaave's Aphorisms.*

The commentaries are rather voluminous, but few medical works possess such depth of learning expressed in such a felicitous manner.

7. *Morgagni. On the Seats and Causes of Disease.*

The acute observations of the founder of pathological anatomy deserve earnest study. The book should be read entire; not in the condensed editions, where most of the spirit of the work has been extracted, and only the dry details remain.

8. *Hunter. On the Blood, Inflammation, and Gunshot Wounds.*

None of the works of this great English surgeon, anatomist and pathologist are easy reading; but a careful study of any of them well repays the trouble and time expended.

9. *Rush. Medical Inquiries and Observations.*

The works of Dr. Rush should be read by every American physician. His profound learning and excellent common sense combine to give his observations permanent value.

10. *Hahnemann. The Organon of Homœopathic Medicine.*

In discussing the claims of homœopathy, physicians should make themselves familiar with the views of the founder of the system, besides, the Organon is an important contribution to the history of medical progress, and deserves the earnest attention of every student.

11. *Blane. Medical Logic.*

This excellent essay on the scientific method of reasoning in medicine is a good antidote to whatever pernicious the previous work may contain. Unlike most works on logic, there is not a dull page in the book.

12. *Holland. Medical Notes and Reflections.*

13. *Forbes. Nature and Art in Disease.*

14. *Bigelow. Nature in Disease.*

15. *Jackson. Letters to a Young Physician.*

16. *Holmes. Currents and Counter Currents.*

17. *Flint. Medical Essays.*

18. *Laycock. What to Observe at the Bedside and after Death.*

No young physician should fail to read the seven books whose titles are here set down. They comprise a history of the medical art at a most critical period of its transition.

19. *Hilton. On Rest and Pain.*

20. *Virchow. Cellular Pathology.*

Although these are books which may be characterised as "tools", yet their value to the physician is so great that we do not hesitate to place them on our list of books that should be read by all physicians.

21. *Gregory. On the Duties and Qualifications of a Physician.*

A series of lectures upon the dignity and responsibility of the physician's calling elevated in sentiment and tone.

22. *Gross. American Medical Biography.*

The medical biography of this country is a field in which there has been little gleaning. Dr. Gross' book is the only one accessible to the student.

23. *A History of Medicine.*

Since the History of Physick by Dr. Freind (London, 1726) no work seriously worthy of the name has appeared in English. Dunglison's lectures will serve as a compend, but the book is unsatisfactory. Renouard's is fuller, but is bad in method and not well translated. For those who read German, Hæser's "Grundriss der Geschichte der Medicin" is an admirable book.

The above list is not very long, but it is fairly representative of the variations in medical thought during twenty centuries. A diligent reader in the first years of practice, when professional duties are apt to be light should be able to get through with it in two years, and still leave time for the study of journals and text-books. We can assure our readers, from personal experience, that few occupations of a physician's leisure, will furnish more instruction and entertainment combined than an appreciative study of the great masters in medical literature.

Miscellany.

Our Increasing Population.—Having, in his annual report on the parish of St. Mary's, Islingtan, announced that the death-rate for 1885 was the smallest on record, Dr. Meymott Tidy discusses the meaning of the facts relating to diminishing death-rates as affecting the population of England and Wales. The present population may be set down at 24,000,000, and the acreage of cultivated land at 30,000,000; there being thus one person to 1.25 acres, or about one-fourth the quantity of land per head of the population of Europe as a whole. But statistics show that 150 people are every year added to every 10,000. Reminding his readers that about twenty generations have passed since the Norman Conquest, Dr. Tidy asks what will be the result when twenty more generations of Englishmen are numbered among the dead, and he explains that at the present rate of increase there will then be a population of 27,220,000,000, who would require a place of abode of twenty earths if the then population were no more dense than the present one now is. Tracing the increase in population through its various stages, the report points out that in the reign of Henry VIII. the population of England, kept in check by wars and pestilence, numbered not more than 5,000,000, whilst in the early part of the reign of George III. it was about 7,500,000. Then came a period of commercial prosperity, and with this the population of England went up first to 10,000,000 or 11,000,000 and then to 16,000,000 at the period of the Corn Laws. At the present time 24,000,000 have to be housed and fed in England and Wales; and in face of this fact we have to remember that our exports are things that cannot be eaten, whereas 50 per cent. of the food we require comes from abroad. Dr. Tidy doubts the healthy condition of a nation that cannot maintain itself, and he regards the present increasing population and decling trade as serious facts for the sanitarian sociologist.—*Lancet.*

Dr. Von Holst on Nitro-Glycerine. Dr. L. v. Holst reports in a St. Petersburg journal a number of observations on the action of nitro-glycerine on heart diseases. He considers that it is especially useful where little or no serious organic change in the heart muscle or valves has taken place, and where the affection is mainly due to a debilitated condition of the organ. In angina pectoris Dr. von Holst has found nitro-glycerine very useful; in one case, indeed, it produced a permanent cure. He recommends recourse to this drug instead of to camphor and musk in cases where great cardiac weakness threatens immediate danger to life. He considers that the diuretic action is not due to any direct stimulation of the kidneys, but is a consequence of the regulation of the heart's action. He finds that dropsy, if due to heart weakness, diminishes under the use of nitro-glycerine, but that the renal form is uninfluenced by it. With regard to the dose, the author advises that small quantities should be given at first, and increased gradually according to the effect on the particular case. The

preparation he uses is a 1 per cent. alcoholic solution, and of this he gives from one to six drops three times a day. —*Exchange.*

Influence of Cold and Tobacco-Smoking on the Rate of Digestion.—Dr. Chudnovski publishes in the *Russkaya Meditsina* an account of a series of observations made on twelve soldiers in a military hospital, who were perfectly healthy with the exception of slight injuries, with the object of determining the effect of cold applications to the epigastrium upon the rapidity of digestion. The stomach-tube was of course freely used, and the completion of digestion was taken to be marked by the disappearance of solid particles in the gastric contents, as revealed by drawing them up through the tube. The author found that when ice-bladders were applied next the skin over the region of the stomach digestion was retarded in nine out of the twelve cases. Six of the men were smokers and six non-smokers. In the former the time required for digestion averaged seven hours, while in the case of the non-smokers the mean period of digestion was only six hours.—*Lancet.*

Suprapubic Lithotomy.—In an article on this subject in the *British Medical Journal*, the author offers the following conclusions:

1. The gradual and thorough dilatation of the bladder by the injection of some antiseptic fluid.

2. The introduction of a lithotrite, and the seizing and fixing of the stone in the blades.

3. The depression of the handle of the lithotrite so as to press the stone against the abdominal wall immediately above the pubes, in the middle line.

4. Cutting down through the abdominal wall, in the middle line, upon the pubes, and immediately above it, in the usual way, until the bladder is reached.

5. Depressing the handle of the lithotrite still more, so as to stretch the wall of the bladder over the stone, and make it prominent at the wound.

6. Incising the stretched bladder wall upon the stone, to a sufficient extent, in a direction downwards, and then protruding through the opening, the stone and blades of the lithotrite.

7. Gently opening the blades of the lithotrite and removing the stone, and in withdrawing the lithotrite, catching one end of an India-rubber catheter in its blades, and bringing it out through the urethral orifice, the other end of the catheter being left in the bladder.

8. Stitching the wound in the abdominal wall, and introducing a drainage tube at its lower end.

If the wound in the bladder wall be small, I think it is better not to stitch it, but if it be large two or more catgut sutures should be inserted.

The dilatation of the rectum is not, in my opinion, required, and if employed only complicates the operation.

Naphthaline in Urinary Diseases.—Naphthaline, which has been used to disinfect the stools, has also the property of retarding the putrefaction of the urine, and may therefore be administered for cases of urinary disorder in which the urine has a fetid odor. Daily doses of one gramme and a half of naphthaline in cases of pyelo-nephritis, cystitis, chronic prostatitis, and stricture with fistulæ, have rendered the urine sweet in from two to five days. The urine, from being turbid, purulent, and alkaline, becomes neutral or acid, and the quantity of pus is diminished. No disorder has been noted in the digestive processes. The drug does not augment the frequency of micturition.—*Lancet.*

The Simplest and Most Efficient Treatment of Diphtheria.—Dr. Wm. H. Daly thus concludes a valuable article on the simplest and best methods of treating diphtheria:

"But there are some rules which I beg you will follow faithfully. These are: (1) Give calomel in its purity; (2) give it in large doses; (3) give it frequently; (4) give it until you have the free and characteristic catharsis; (5) give light, nutritious diet; (6) give little or no other medicine.

"If these simple rules are followed

and common sense is allowed to take the place of common prejudice, you will save more of your diphtheria patients by this than by any other method known to modern medicine."—*New York Med. Journal.*

A Suggested Alteration in the Compound Liquorice Powder.—Dr. Martin Oxley, in *The Lancet* says: "Having found that the above preparation produced very severe griping in many instances where I had ordered it, the griping being particularly severe in some of my younger patients, I have ordered the following formula for some time past, in which anise fruit is substituted instead of the fennel and one-fourth part of ginger is added. The altered formula runs thus—senna and liquorice-root, of each 2 parts; anise fruit and sulphur, of each 1 part; sugar, 5¾ parts; ginger, ¼ part. This alterated preparation is quite as satisfactory in its laxative properties, is less liable to gripe, and is as pleasant to take as the officinal powder, and I would suggest its trial in cases where the powder as now prepared produces the disagreeable effects to which I have referred."

Lumbago—Instantaneous Remedy.—Prof. Burggraeve: Collodion, tincture of iodine, liquid ammonia, equal parts. To be applied widely over the parts with a camel's-hair brush. This applies to accidental or *a frigore* lumbago or to rheumatic pain produced by a pain of muscular exertion.—*Canada Prac.*

Lantanine.—Lantanine is an alkaloid discovered by M. Negrete, and extracted from Yerba sagrata of the family of verbenas. M. Buiza has observed that, like quinine, this alkaloid had some action on the circulation. It slows the nutrition, and at the same time lowers the temperature. The most delicate stomachs tolerate lantanine. Intermittent fevers that prove refractory to quinine have yielded to the influence of two grammes of lantanine. In order to produce anti pyretic effects in febrile conditions the dose employed is from one to two grammes in twenty-four hours, given in pills of ten centigrammes. In intermittent fevers the drug is administered immediately after the paroxysm. Ninety-five times out of a hundred a further paroxysm will not appear. The tincture of lantanine cannot be employed owing to its intense bitterness, which cannot be masked by syrup or wine.—*Lancet.*

Antiseptic Vaseline.—Dr. P. Ménière advises when uterine dilators, of either mental or vegetable material, are to be introduced that they may previously lubricated with the following mixture, which is not only antiseptic but favors dilatation.

Vaselin,	℥ij
Extract of belladona,	3j
Bichloride of mercury,	gr. ¾

This pomade is best kept in long, narrow bottles, into which the instrument may be plunged before it is used.—*Gazette de Gynécologie*, September 1, 1886.—*Medical News.*

Tubercular Inoculation in a Man.—Dr. Axel Holst mentions the case of an attendant on the phthisical patients at a hospital who had suffered for a long time from atonic ulceration of the fingers, which had been treated with ointment, plaster, caustic, and scarification. No tubercle bacilli were to be observed with certainty in the sores. Later the man was affected with a tuberculous glandular swelling of considerable size in the axilla, which contained a considerable number of Koch's bacilli, and Dr. Axel Holst considers that it is highly probable the patient had received infection through the sores.—*Lancet.*

A Fee in Kind.—During the cholera epidemic in Nashville, Tenn., the late Dr. Bowling attended an old blind negro, who eked out an existence by playing the flute at the street corners. He recovered, and with a heart overflowing with gratitude he took his flute and sat under the doctor's bedroom window and played it the whole night long. Of all the large fees he ever received, the doctor said this was the largest.—*Medical Record.*

Medical Items.

Dr. H. Gray Latham, of Lynchburg, has been elected President of the Virginia State Board of Medical Examiners.

Drs. W. B. Canfield and A. K. Bond have returned to their homes, in this city, after some month's so-journ in Europe in prosecution of medical studies.

Dr. P. C. Williams, of this city, has been elected President of the Baltimore Academy of Medicine for the ensuing year. Dr. G. Lane Taneyhill has been re-elected Treasurer and Dr. C. C. Bombaugh has been re-elected Secretary.

The students of the College of Physicians and Surgeons and those of the Homœopathic College of New York City played a game of baseball recently in which, "the disciples of regular medicine" says the *Medical Record*, "were sadly beaten by their light pellet opponents."

Professor E. Williams, of Cincinnati, owing to the precarious state of his health, has been obliged to relinquish professional engagements and to visit California. He has resigned his presidency of the Section on Ophthalmology in the International Medical Congress.

The *Medical Times* says Dr. Hayes Agnew has purchased the residence of Dr. R. J. Levis, on the northwest corner of Sixteenth and Walnut Streets, Philadelphia, and will shortly removed his office to this place. Dr. Levis has gone to Europe for a prolonged stay.

The Washington Obstetrical and Gynæcological Society has elected the following officers for the ensuing year: President, Dr. A. F. A. King; Vice-Presidents, Drs. S. C. Busey, and W. W. Johnston; Recording Secretary, Dr. H. M. Cutts; Corresponding Secretary, Dr. S. S. Adams; Treasurer, Dr. George Byrd Harrison.

"'Pears to me," said old Uncle Pete, as he leaned his hoe against the corn-crib and abstracted a pebble from his shoe, "'pears to me like dar war some kin' o' mis'decomposishum in all dis talk about babbies cuttin' teef. De way I'se cum to look at it, hit's de teef cuttin' de baby. Leas' wise dat's de way hit looks in de case ob cullud chilen.—*Archvies of Pediatrics.*

Dr. Lord, of Kansas City, suggests in the *Medical Record* that in pelvic presentations when, after the birth of the body, the head cannot be immediately delivered with safety, and death of the child from asphyxia is imminent, air may be freely admitted to its mouth and nostrils, and pulmonary respiration established, by gentle traction on the posterior vaginal wall with a Sims' speculum.

The late Dr. McBride was another illustration of the fact that doctors, even those having a large income, seldom accumulate money. Although Dr. McBride had a very large practice, from which he made fifteen or twenty thousand dollars annually, he died, it is said, in debt. His library and office equipment, however, are very valuable.—*Medical Record.*

Sir Andrew Clarke, the celebrated English physician, is reported to have declared that one-half the population of London is permanently ill. He defines health as "that state in which the body is not consciously present to us; the state in which work is easy, and duty not over great a trial; the state in which it is a joy to see, to think, to feel, and to be." With such a definition of health, we suspect that his statement is well within the bounds. —*Boston Medical and Surgical Journal.*

At a dime museum on the Bowery, the "Princess Lucy," nineteen years old, twenty-seven inches in height, and weighing twenty-three pounds, was recently married to "General Rheinbeck," who is twenty-one years of age, thirty-six inches in height, and weighs forty pounds. The fat woman of the museum acted as bridesmaid, and the fair bride is said to have blushed becomingly when the officiating clergyman, who was of Teutonic extaction, told her that she should bring up her children as "goot rebublican citizens of the United States." We extend our sympathies to the accoucheur!—*Boston Med. and Surg. Jour.*

The identification of dead bodies and criminals is sometimes a matter of much perplexity. For instance: the features of a dead body may be distorted or destroyed; the clothes changed or unrecognizable; and no ordinary circumstance left to make identification clear. Some such a case occurred in Michigan. A man was found in a lake murdered. As the coroner was about dismissing the case as "unidentified," the neighboring dentist had the curiosity to look into the mouth. In a moment he said: "I have a chart of that mouth in my office," and though he could not then remember the name, he soon found it by referring to his chart book. It resulted in tracing the murderer.—*Med. News.*

Among those who have recently accepted office as Vice-Presidents of the International Medical Congress, *The Journal of American Medical Association* notes Sir B. Walter Foster, President of the Council of the British Medical Association; Mr. Ernest Hart, Editor of the Journal of the British Medical Association; Sir Thomas Longmore, Surgeon-General (retired) of the British Army; Sir Joseph Fayrer, Surgeon-General of India; Mr. John Eric Erichsen, Sir Dyce Duckworth, and Mr. Jonathan Hutchinson, of England; Professsr Dujarden-Beaumetz, M. Bouchut, M. Cadet de Gassicourt, and M. Grancher, of France; Professor Moncorvo, of Rio de Janeiro; M. Servais, of Belgium; and Alfred Vogel, of Germany.

Original Articles.

REMOVAL OF UTERINE APPENDAGES FOR FIBROID OF THE UTERUS. RECOVERY FROM OPERATION.*

BY L. E. NEALE, M.D.,

Chef of the Department of Obstetrics in University of Maryland. Demonstrator of Obstetrics, Etc.

Martha Bayton, colored, æt. 27 years, Va. An intelligent domestic, never pregnant or married. General health good and early history unimportant.

She first observed an abdominal enlargement during the fall of 1884, i. e., about two years from date, and the increase of this enlargement was accompanied by a gradual diminution of the menstrual flow which, however, remained perfectly natural in other respects. The abdominal enlagement, it seems, was ascitic, for she had been tapped by another physician in Oct. 1885, when a large quantity of straw-colored fluid was removed, after which a tumor in the right iliac region was quite perceptible.

The fluid reaccumulated, distended the abdomen to 41 inches in its greatest circumference and forced the posterior vaginal wall outside of the vulva, whence it protruded as a soft tumor about the size of a small cocoa nut. There was no procidentia uteri and the somewhat tortuous uterine canal measured 3 inches. I found the patient in this condition, with an abdominal tumor extending to the level of the umbilicus on the right side. The tumor was apparently movable, seemed to be free of all adhesions, floating in the ascitic fluid and attached to the pelvic organs by a supposed pedicle.

As regards the nature of the tumor no positive diagnosis was made before the operation. Although the tumor seemed so freely movable in the ascitic fluid, the failure of the uterus to descend with the posterior vaginal wall, in the absence of other recognizable cause to sustain it in its high position, (for the tumor did not fill up or press upon the pelvic brim) might have led to the diagnosis of adhesions, which, as already mentioned, were not suspected in this case.

The patient was in fair health, which was, however, beginning markedly to run down, and, although greatly inconvenienced by the abdominal distention, she was able to continue her household work up to date of admission into the University of Maryland Hospital, Sept. 15th, 1886.

The operating room was fumigated with chlorine gas, generated by igniting a mixture of equal parts of ether and chloroform, it was then thoroughly scoured, cleaned and ventilated.

The spray was not used at any time, and the water, previously boiled, was carbolized too little to destroy germs.

The usual preparation of the patient was observed.

Operation Sept. 18th, 1886, 11 A. M.

Incision in the median line finally enlarged to three inches and about three gallons of ascitic fluid removed. The tumor was found to be a non-pediculated, sub-peritoneal uterine fibroid, growing from the right cornu uteri and strongly adherent to the right anterior abdominal wall. Salpingitis and periovaritis existed on both sides, the appendages being closely and firmly adherent to the uterus.

All things considered, removal of the uterine appendages was judged to be the most favorable and practicable operation. This I found under the existing conditions a very difficult task, indeed, I do not hesitate to say, it might have proved too difficult save for the presence of my kind friend and teacher, Prof. Wm. T. Howard, who, both by wise counsel and practical help, assisted materially in the performance of the operation. For this I am happy to make public acknowledgment and to express my sincerest gratitude.

Silk ligatures were used and applied close against the uterine wall; the abdominal cavity was washed out with warm water poured into it from a pitcher; the incision was closed with ten silk

*Read before the Gynæcological and Obstetrical Society of Baltimore. Stated Meeting held October 12, 1886.

sutures and the usual simple dressings applied.

Duration of the operation nearly two hours. The patient rallied well, and convalesced uninterruptedly. A menstrual like flow occurred from the 3rd to the 7th day after the operation. The sutures were removed on the 6th day. Patient discharged on 21st day viz, Oct. 9th '86, with no return of the ascites; incision thoroughly united and shrunk to 2½ inches in length; tumor sunk below umbilicus making only a slight prominence through the abdominal wall; vagina retracted into normal position and patient's general condition quite good.

I believe I am right in stating that in this case no positive diagnosis was made before the operation, although I must qualify this by saying that Prof. Howard did incline towards a solid tumor, and in as much as fibroids of the uterus are the most frequent abdominal tumor in the African race, he "*suspected*" a fibroid.

The ascites was gradually reducing the woman's general condition and rendering her unfit for work. No other cause for the ascites was discoverable save the presence of the tumor. A previous tapping had afforded a very brief relief and she was anxious for an operation in order to obtain either temporary or permanent benefit. Hence, it was determined to withdraw the fluid through an exploratory incision, anyhow, and then remove the cause of the ascites if practicable. At the operation it was found that the removal of the tumor would have been very difficult and dangerous on account of its strong adhesions to the anterior abdominal wall and as it was non-pediculated would have necessitated supra-vaginal hysterectomy. The mortality of this operation under general operators (excepting Keith and a very few others) when compared with the natural death rate from fibroids—particularly non-bleeding sub-serous fibroids—we know to be fearfully discouraging, indeed, I had almost said render the operation unjustifiable. In my case periovaritis and salpingitis existed on both sides, in all human probability unfiting the woman for generation; moreover, the fibroid was not very large and for all these reasons, with the full concurrence of all present, Prof. Wm. T. Howard included, the least of the two serious operations was selected, and as it seems with a satisfactory result.

Although I propose in this little article merely to give a brief clinical report of my case, leaving the general subject of castration to be disposed of by older, more competent and more experienced men, I can not refrain from touching upon a few interesting points in connection with the operation, in the hope of eliciting instructing remarks from the members of the society.

I do not hesitate to say the most thorough, and interesting article upon the subject I have been able to obtain, is that of Olshausen, published in the *Handbuch der Frauenkrankheiten*, Vol. II, ed. 1886. As this has not yet been translated into English and hence is practically a closed book to some of us, I shall here take the liberty to quote a few brief passages with especial reference to castration when performed for uterine fibroids.

Speaking of this operation when weighed against myomotomy, which as I understand it, includes supra-vaginal hysterectomy, he (op. cit. vol. II, p. 709—10 etc.) says: "I do not believe the time has yet arrived, when we can give a correct judgment with certainty upon this point. It should, nevertheless be remembered that Hegar and Wiedow, from the most recent observations upon large fibroids, even when sub-serous in character, hold castration to be very successful and hence they together with Kn. Thornton limit the indications for myomotomy to pediculated and cystic myomata."

The determination of this question Olshausen thinks must be governed by the given case and the operator, and that no absolute rule can be made. President Reamy, speaking upon this subject, in his address before the American Gynæcological Association, recently assembled in this city, said: "The operation of hysterectomy should not, as a rule, be performed in these cases. Spaying has met with more favor and success

than any other surgical procedure." *Hays' Journal* of October, 1886, states: "Though the value of castration may have been disputed by several authors on theoretic grounds, yet all objections to it fade away before the statistics compiled by Wiedow, which justify us in regarding castration as the operation to be preferred in uterine fibromata." (p. 604) With regard to the results of castration for fibroids Goodell (Virchow and Hisrch ib. 1878 II, p. 568) collected 98 cases; in 78 of these omenorrhœa occurred, in 8 menstruation became more difficult, and in 12 it persisted.

Wiedow, in later statistics reviews 76 cases, in which the menopause accurred at once or after slight bloody discharges in 61 cases. In only four cases was the effect upon the hemorrhages temporary or nil. In 63 cases the fibroids diminished. In 3 cases a primary diminution with a subsequent increment of the tumor was observed. An observation similar to this is recorded by Hofmeier.

The time required for a decided effect upon the hemorrhages or the tumor, we would naturally expect to be very uncertain and indefinite, when we remember that the operation when thoroughly performed and successful, merely prevents the periodic monthly uterine congestions or establishes the menopause, but in no wise affects the uterus or the tumor. Hence, the desired result may occur at once, or not for years, and it is therefore possible, if not highly probable, that some results might readily be attributed to science, which are really due to nature, the woman having attained her natural menopause. In some cases the decrease of the tumor is rapid and very marked, thus, Lawson Tait observed a five pound fibroid entirely disappear in six months after the operation. In a case where castration was performed intra-partum (for fibroids) Williams observed the uterus to diminish to a size less than its virgin condition, the uterine cavity measuring only two inches, in seven months after the operation.

Olshausen says in one case he has also observed a marked and rapid involution of a large fibroid after castration. This patient was 39 years old, was in a profound state of anæmia with general œdema and entered the clinic in such an exhausted condition that it was only after a considerable time he dare to perform an operation. The uterus was of the size of a 7 to 8 months' pregnancy. Three months after the operation the tumor had shrunk to one-half, and one year later to one-third its former size, and so it had remained after four and a half years, when he made his last observation. In this case menstruation never returned; the woman became the very picture of health and performed the heaviest farm work. Amenorrhœa did not occur at once, but there was an almost continuous bloody discharge for 6 to 11 months after the operation; then the bleedings occurred irregularly, with intervals of half a year, until they finally disappeared entirely, three years after castration. But the general condition so markedly improved during the first half year that a favorable result was then apparent. In another case, 37 years old, the menopause occurred at once and continued 2½ years afterwards, when last seen. It should be noticed that among those cases in which the menopause occurred at once there was one case, and the only one O. has observed, in which the ovary was removed only on one side, as it was impossible for him to find the other ovary. Of course the probabilities are that it was functionally destroyed and hidden by disease, or indeed, may have been congenitally absent. Leopold in one case failed to extirpate any ovary, but merely ligated several blood vessels, and yet no further uterine hemorrhage occurred.

According to Olshausen, amenorrhœa occurs in three-fourths of all cases of castration and remains permanent. A slight uterine hemorrhage of several days' duration, here, as after ovariotomy, may occur several days after the operation without signifying true menstruation. This may continue for hours or days, but is rarely profuse. Schrœder holds that a small bit of ovarian tissue left after supposed removal of the ovary

may prove sufficient for a continuance of function. And again Dr. Spencer Wells (*American Journal of the Medical Sciences*, October, 1886) tells us: "Wiegel counted, out of six hundred women examined, no less than twenty-three with more than the ordinary two-ovaries." "Instances of regular menstruation and even of pregnancy after double ovariotomy, have been met with sufficiently often to show how easy it is for the expectations of a surgeon to be thwarted by a condition which he can neither foretell nor determine exactly at the time of his operation." Such cases, however, are of course the exceptions. The largest and most recent statistics of castration for fibroids, according to Olshausen, is furnished by Wiedow, who gives 149 cases with 15 deaths, or a mortality of 10 per cent. Eleven of these deaths were due to septic-peritonitis. I have never seen the statistics of Mr. Lawson Tait, and other leading operators in this field, for castration when performed for uterine fibroids only, but suspect the mortality must fall below ten per cent.

Although it does not pertain strictly to the case herein reported, I am sure it would be interesting to hear an expression of opinion from those who have performed castration for psychical or other disorders not connected with fibroid tumors of the uterus and when no anatomical evidences of disease are recognizable in the ovaries or appendages.

In this connection Olshausen reports an exceedingly interesting case of a woman 26 years old, who for ten years had suffered severely from a number of disorders, and among others from paralysis of the inferior extremities. Every evening at a certain regular hour convulsive attacks of the most violent intensity occurred lasting with short intervals for one-half hour, during which time she was unconscious. Each attack was announced by pain in the region of the left ovary, and these pains continued during the entire night of the attack. Whenever the ovary was touched during an examination, with or without narcosis, pain was experienced which continued for several hours. Besides this, there were slight attacks of epilepsia brevis or *petit-mal*, occurring often during the coure of the day, at which times the eyes were closed, the head fell upon one side and after one-quarter to one-half of a minute the patient awoke to consciousness.

All treatment proved *nil* and often these violent convulsive attacks had continued daily for ten entire months; on the 26th of September, 1881, castration was performed without difficulty. At the operation not only were the ovaries found to be perfectly normal, but not even had any inflammatory process existed in the surrounding tissue. However, on the very evening of the operation the convulsions failed to occur, and as yet in four years has never returned, as also has not menstruation. The attacks of *petit-mal* continued during the first months after the operation, somewhat more frequent and severe than before, but after half a year they appeared less frequently and finally disappeared altogether. The general condition of the patient improved from the very day of the operation. Similar cases are reported by Mäurer, Heilbrun etc., and many others have appeared in our own English literature. In Olshausen's own words this case illustrates very plainly, that there are cases of severe cerebral and spinal symptoms, where, notwithstanding the absence of all recognizable abnormalities, (in the ovaries) castration may be performed with great advantage.

Sir Spencer Wells, in the October '86 number of the *American Journal of the Medical Sciences*, "repeats a warning made in 1882, that although he accepts the principle, he sees that the operation has a very limited application, and is so open to abuse that its introduction in mental and neurotic cases is only to be thought of after long trials of other tentative measures and the deliberate sanction of experienced practitioners." I presume no one will hesitate to accept this palpable truth, but when he adds: "Except in cases where bleeding fibroids may call for the extirpation of healthy ovaries, we might at

least require some evidences of the ovaries being diseased before consenting to their extirpation," etc., in the light afforded by the clinical demonstration of the above typical case of Olshausen, and a host of others that might be readily cited, I think this latter statement could be very justly questioned.

At the recent meeting of the American Gynæcological Association in our city, you will all remember with what keen and penetrating acumen Dr. Battey, of Georgia, in reply to a question from Dr. Barker, of New York, asking him to state the grounds on which he would advise the removal of the tubes and ovaries said: * * "I do not require in my cases an absolute diagnosis of disease of the tubes or ovaries prior to operation. It is sufficient for me to know that the general health is broken down by reason of the perverted function of the ovaries, that she is utterly miserable, that there is no reasonable hope of restoration to health by other means, and that there is a reasonable prospect of restoration by removal of the ovaries."

Although to some this may seem a little like equivocation, in my opinion, (if so young and inexperienced a man may be permitted to hold an opinion upon such an important question) this is as near to definiteness as we can arrive at present or from present indications are liable to arrive at for a considerable time to come. Hence, in some cases at least, I am inclined to rank myself among those opposing Winckel and a very few others who require anatomical evidences of disease in the overies before their extirpation is considered justifiable. I think that in certain cases, ample clinical demonstration has sufficiently proved the fallacy of this doctrine. As regards the age at which such operations are usually performed, Spencer Wells (op. cit.) says: "It would thus seem that in all the older patients who submit to abdominal section, it is ovariotomy for cystic or other enlargement of the ovary that is done. Out of 171 cases undergoing the operation for hemorrhagic uterine fibroids, 53 were between 30 and 40 years of age, 62 between 40 and 50 and only 9 below 30. The number of cases of oöphorectomy for other causes is comparatively small and few of them outside the middle age. The limits of our investigations of the diseases requiring oöphorectomy are thus drawn within the narrow compass of 20 years of woman's life, between the ages of 30 and 50. The find here cannot, in the common run of things, be very rich except for fibroids." Further on he says: "The results of myomotomy are deplorable even now, and castration as compared with myomotomy presents us with the striking contrast of a mortality of only 14.6 per cent., a diminution of the tumors, a stoppage of the hemorrhages and a disappearance of many of the accompanying symptoms. Moreover, as half this mortality has been due to septicæmia, there is here a wide field for surgical enterprise!"

A DAY IN THE GREAT NORTHERN HOSPITAL, LONDON.

BY ROBERT REYBURN, M.D.

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Some of the great hospitals of London are very disappointing in their external appearances; many of them were constructed when the ideas of the proper construction of hospitals were very different from those prevalent at the present day; begrimed with the smoke of London, they are so gloomy as almost to justify placing over their portals, Dante's famous inscription over the entrance to the Inferno, "who enters here leaves hope behind."

Nothing of this kind can be said concerning the Great Northern Hospital for the paralyzed and epileptics. This institution is situated in Queen Square, W. C.; it contains all the modern improvements in hospital construction, it is well located, the wards are large and roomy, and it is in every respect a model hospital.

I visited this hospital July 5th, 1886, in company with Surgeon Wm. Adams, M. R. C. S. of London; Surgeon Bishop,

of Manchester, and Prof. W. H. Pancost, of Philadelphia, U. S. Surgeon Adams is one of the prominent surgeons of London, and it may be remembered paid a visit to the United States a few years ago. He has devoted special attention to the surgical treatment of deformities resulting from paralysis, and has written a valuable monograph on the cure of anchylosis of the hip joint, by subcutaneous section of the neck of the femur.

My principal object in visiting the hospital, was to see the two patients who had been operated upon by Surgeon Victor Horsley, a few weeks before, for the removal of tumors involving the motor centres of the brain.

Since my return to the United States, I find recorded in the medical journals two other cases recorded of patients who have likewise been successfully operated upon by Surgeon Horsley, in the same institution. I saw the two patients who had recovered, and were walking about the ward and seemed perfectly well.

The patients were both young men, one about twenty years and the other was twenty-two years old. W. P., the first patient, had had removed from the left side of the skull a piece of bone over the motor centre of brain, one and three-quarters inches broad by two and one-half inches long.

B., the second patient, was also trephined on the left side of skull and a piece of bone was removed one and one-half inches long by one inch wide; this last patient when brought into the hospital had been suffering from almost continuous epileptiform convulsions, and during the thirteen days previous to the date of the operation, had suffered from twenty-eight hundred of these convulsive attacks.

The house physician, Dr. Wilson, gave an interesting account of the scene that ensued during the operation upon B.—one of these patients. He stated that on opening the calvarium and exposing the dura mater, there was not the slightest perceptible morbid condition discoverable by external examination. The flap of the dura mater was then turned back on the upper portion of the left side of the brain, above and over the motor centre of the right side of the body, the exposed brain surface was apparently perfectly healthy and some doubt existed in the minds of those looking on, as to whether the operation should be proceeded with any farther or not. One can fancy the feelings of the operator, when placed in such a position, and the responsibility he must necessarily assume should he continue the operation.

To open a man's skull and expose the brain is a dangerous operation, even when performed under the most pressing necessity and urgent symptoms, but to do it without any apparent lesion existing, requires an amount of boldness and confidence in the diagnosis that few surgeons possess. This case, however, had been seen by Dr. Ferrier, who agreed with Surgeon Horsley, that this was a case of cerebral tumor, which required the aid of surgery for its removal. Mr. Victor Horsley therefore proceeded with the operation, and found the tumor imbedded in the brain substance, over and pressing upon the motor centre of the right side of the body, and situated three-quarters of an inch below and covered by the external surface of the brain.

These cases seemed to me to be one of the most triumphant examples of accurate diagnosis and treatment to be found in the history of modern surgery.

Surgeon Adams also showed me some patients who had been operated upon for the cure of the results of paralysis, specially of the extremities.

Surgeon Adams stated that in many cases of paralysis, after the acute state had passed, the deformity is kept up by the difficulty found in improving the nutrition of the weakened muscles, without the same time causing the corresponding growth in the healthy muscles of the extremities. His idea is to perform tenotomy of the contracted muscles so as to restore the parallelism of the affected limbs. By this treatment he has been able to restore many cases to health and usefulness.

Surgeon Adams operated upon a case of deformity of the knee joint whilst I was present, and showed the skill and

dexterity that would be expected from a surgeon of his established reputation.

I received many courtesies from Surgeon Wm. Adams, and also from Surgeon T. Nunn, and promised to return to England in time for the meeting of the British Medical Association, at Brighton held August 10th, 1886, but I staid so long on the continent of Europe, that I was prevented from attending as I expected.

Society Reports.

GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

REGULAR MEETING, HELD OCT. 12, 1886.

Dr. L. E. Neale, read a paper on

REMOVAL OF THE UTERINE APPENDAGES FOR FIBROID OF THE UTERUS.—RECOVERY FROM OPERATION.*

DISCUSSION.

Dr. W. P. Chunn said he had never before seen a case of uterine fibroid complicated with ascites. His opinion before the operation was that the tumor in Dr. Neale's case was a soft fibroid. The operation, however, proved it to be hard. One reason for his considering the growth a fibroid was, that although there was a marked rectocele, the uterus was not prolapsed and he considered that to be due to the growth, which, being large could not descend within the pelvic cavity and being attached to the uterus held it in its place. Another reason for considering the tumor a fibroid was, that any motion imparted to the growth moved the uterus in a corresponding direction. He did not understand why there was no return of the ascites, unless the incision through the abdominal wall modified the circulation of the peritoneum in a similar manner as when one cuts through the capsule of a fibroid.

Dr. B. B. Browne said in regard to the effect of removing the ovaries causing a diminution in the size of the tumor and arresting the menorrhagia he could speak of its satisfactory results in one case in which he had removed the ovaries and tubes of a colored woman, aged 22 years, who had been an invalid for several years and unable to work for her living. The interstitial fibroid filled the pelvis and had grown rapidly for a few months previous to the operation. Since the operation the tumor has almost entirely disappeared and the flow has entirely ceased.

In another young woman (white) who had been a chronic sufferer and invalid from severe pelvic pains and dysmenorrhœa, the removal of the ovaries and tubes had greatly improved her condition.

Dr. W. T. Howard said that, as Dr. Neale had referred to him, some remarks from him might be expected. Through the courtesy of Dr. Neale, Dr. Howard exhibited the woman to his clinical class at the University of Maryland. There was evidently a large amount of free fluid in the sac of the peritoneum; and the only question at issue was, in regard to the *character of the solid tumor*, the presence of which was equally evident. In consideration of the well-known fact that, in the negro race, ovarian tumors of any kind are exceedingly rare, and *solid ovarian* tumors in any race excessively rare, while, in negroes, *solid uterine* fibroids are as excessively frequent, Dr. Howard concluded that, in the case in question, the chances in favor of the tumor being a *solid fibroid of the uterus were* at least in the proportion of 500 to 1. That was about as near being a positive diagnosis as one could ever hope to attain in abdominal tumors—and, it might be added, in almost anything else. It was true that, in eight months, Dr. Howard had removed two large solid ovarian tumors, and, as is usual in such cases, there was a large amount of ascites in both. But this experience was quite exceptional, and Dr. Howard never expected to see another solid ovarian tumor. In 378 ovariotomies, the late Dr. W. L. Atlee had never seen one; Sir Spencer Wells only speaks

*See page 33.

of having seen two in his immense experience; and, in about 600 ovariotomies, Dr. Keith had never seen one.

Dr. Howard certaintly thought that he had left no doubt on the minds of all present in regard to the positiveness of his diagnosis, and he knew that at all avents most of them so considered it. On the other hand, Dr. Neale strongly inclined to the belief that the hard tumor was *ovarian.*

After Dr. Neale had removed the ascitic fluid through the usual incision, of about 2 inches in the median ovariotomy line, and inserted two fingers into the abdominal cavity, he announced that the tumor was certainly a uterine fibroid, and requested Dr. Howard to express his opinion as to what ought to be done. Dr. Howard advised a removal of the ovaries and tubes, as *the operation of election* in such cases. The mortality in this operation is very small. Up to May, 1885, Mr. J. Knowsley Thornton had done it for the cure of fibro-myomata of the uterus eighteen times, without a death; and Mr. Lawson Tait, whose experience in this matter is larger than that of any other operator, states that the entire mortality of the operation is only 4 or 5 per cent. And it it now well ascertained that, in the great majority of cases, the operation is successful in arresting the growth of the tumor and the hemorrhage also; in many cases the tumor shrinks up, or even entirely disappears. Hence, when one or the other must be done, removal of the ovaries and tubes for bleeding myomas should always be preferred, in an immense majority of cases, to the far more dangerons operation of *hysterectomy.* Should Tait's operation fail, as it is now familiarly and rightfully called, then hysterectomy may be done. But whoever intends to do a Tait, should always be prepared at the same time, to do a hysterectomy, for it is the opinion of all who have had much experience that it is impossible to determine before the abdomen is opened, and the relative positions of the ovaries, uterus and tubes ascertained by sight and touch, which operation had better be done. Indeed, in some of the hysterectomies done by Dr. Keith, it was impossible to remove the ovaries and tubes without removing the uterus. So that when an operator begins with the intention of only doing the minor operation, he may be compelled to do the major, and should, therefore, never make a positive promise to the patient as to what he will do. In July last, Dr. Keith informed Dr. Howard in Edinburgh, that among a very large number of persons suffering from uterine fibroids who had consulted him, he only deemed it necessary to perform hysterectomy in sixty. Of those only seven died, or 11 per cent. This is the best result yet attained by any operator. Still, Dr. Keith considers hysterectomy a very risky operation. In August, 1884, Dr. Howard saw Dr. Keith remove the uterus in a London cook, aged 46, which had grown to be so large that she could hardly get about, and she could not pursue her occupation by which she made her living. The catamenia returned every three weeks. The entire uterus, ovaries and tubes, with seven extra-uterine fibroids, were in a bucket in fifteen minutes, but so careful was Dr. Keith in completing the operation that it lasted forty-five minutes longer. Recovery ensued without an unpleasant symptom. To see *Dr. Keith* do a hysterectomy, is a real revelation in abdominal surgery.

Dr. Neale had embraced in his paper other considerations besides bleeding myomas, that may require removal of the uterine appendages. There can be now no doubt that in certain cases of the neurotic class, and especially inveterate cases of hystero-epilepsy, this operation has effected cures more or less promptly And all must have observed that the paroxysms in this malady are prone to be intensified at the catamenial periods. But they are not always induced by, or are in connection with a morbid condition of the ovaries and tubes. Dr. Howard was present at the International Congress in London in August, 1881, and heard Dr. Graily Hewitt read a paper on the exciting causes of Hysteria and Hystero-Epilepsy, in which he reported eighteen cases, and proved that in them the particular irritation most

potent in producing the reflex phenomena was flexions of the uterus. Twelve were cases of ante-flexion, and six were cases of retro-flexion. In these cases attacks ceased when the uterus was restored to its natural position and retained there by suitable pessaries. All must have observed that in flexions of the uterus pain in the region of the ovaries is a very common symptom, and, on the other hand, we often observe prolapsed and exquisitely tender ovaries without any manifestations of Hysteria or Hystero-Epilepsy. Moreover, Dr. Howard had seen two severe cases of hystero-epilepsy in which the ovaries were removed and yet no perceptible improvement could be observed in these cases subsequently. One was that of a white woman, operated on by his esteemed friend Dr. Frank West. Long after the operation she was admitted into the University Hospital, and Dr. Flannery, then assistant to the resident physician, Dr. West, had informed Dr. Howard that he had been kept up nearly all night in controlling the most violent hys tero-epileptic convulsions by the administration of chloroform by inhalation and by hypodermics of morphia. The other case was a colored woman, skillfully operated on by Dr. Chunn. This woman was kindly brought before the class at the University of Maryland, and was thought by Dr. Chunn to be entirely cured. But with a candor which did him honor, he subsequently affirmed that the paroxysms were as bad as ever, and the last time Dr. Howard heard from her she was wandering around from one Dispensary to another in the city seeking relief. In one bad case of hystero-epilepsy, however, Dr. Howard had a very fortunate result from removing the uterine appendages. Miss J. H., aged 23, came under Dr. Howard's care in December, 1882. At every menstrual epoch, she would lie across the bed with her feet elevated as high as possible on the wall, in a state of profound coma, often attacked by violent convulsions, for from seven to ten days. Curiously enough, blood issued around the umbilicus, and she would often spit out blood from the mouth, which was evidently not coughed up, nor vomited. After trying in vain all means known to him, including dilatation of the ante-flexed uterus, Dr. Howard operated November, 19, 1883, and, as stated, effected a perfect cure. She is now a married woman in excellent health. In this case, the ovaries were obviously much diseased.

Dr. Howard had operated in another case of the neurotic class. Miss B., aged 20, consulted him in April, 1884, and was under care for nearly three months. For more than two years she had suffered from intense and almost incessant cephalalgia. She had no uterine disease, but was constantly in a hysterical and hyperæsthetic condition. She had been treated by a highly intelligent physician in Virginia without relief, and he had taken her to an eminent physician in the city of New York, who inserted a seton in the nape of the neck and one in each iliac fossa, which only produced local suffering, but in no way alleviated the intense headache, which nothing but large hypodermics of morphine could diminish, and give some hours of disturbed sleep. She went home unimproved, but returned again, and, on November 3, 1884, as she always complained of great pain upon pressure over the ovaries, both ovaries and tubes were removed. No unfavorable symptoms followed the operation, and the cephalalgia soon diminished. Her parents were delighted with the result, and she returned home January 14, 1885. She seemed a new being—a handsome girl, of noble figure, and the only child of her parents. But the fates were against her. Some months subsequently, she sustained injuries from an accidental fall which terminated her life in a few days. Dr. Councilman, our eminent pathologist, made the following report: "The ovaries contain cysts of various size, due to simple dilatation of the Graafian follicles. In addition to the cysts, there is a good deal of induration of the stroma, and in the right ovary an enormous formation of blood-vessels. In character this vascular formation consists of small arterioles which are in general tortuous and traverse the tissue in every direction. In some

places they are so numerous that they resemble very much the convoluted sweat glands of the skin. In the left ovary, I found several of the so-called menstruation fibromas, due to fibrous degeneration of the corpus luteum. The Fallopian tubes were dilated and the mucous membrane thickened and hypertrophied."

Lastly, Dr. Neale referred to a class of cases, which, under the lead of Mr. Lawson Tait, has excited great professional interest, and is, at present, the subject of warm dispute, viz., the removal of the uterine appendages for chronic intra-pelvic trouble of a painful and persistent character. In this country, under the lead of Dr. Thomas Addis Emmet, these cases are usually classed under the head of *pelvic cellulitis*. In Mr. Tait's view, these are cases of *chronic ovaritis*, *chronic salpingitis* with occlusion of the tubes, which are distended by serum, pus, or blood. In many of these cases, Mr. Tait candidly admits that the diagnosis is uncertain. But when it can be made out with reasonable certainty—when suppuration has occurred in the ovaries, and the tubes are occluded and filled with pus—all now admit that the ovaries and tubes should be removed. What no one denies need not be discussed. But there are other cases which Mr. Tait would call *pyo-salpinx*, Dr. Emmet would call *cellulitis*—and many of them—that certainly do recover under judicious treatment, without removal of the uterine appendages. Call them what you like—*many of these cases get well*. And why should this not be so? Are the ovaries and tubes of all the organs and tissues in the body inveterately rebellious to remedies and methods of cure which effect cures in other organs and tissues? Is it at all probabable that the Allwise Ruler of the Universe has endowed woman with organs that are essential to the propagation of the species, and yet made *them alone* incurable when inflammed, save only by an operation which defeats the object of their creation? It is a serious matter to sterilize a young woman forever, and, in Dr. Howard's judgment, it ought not to be done until all reasonable efforts to relieve her sufferings have failed. He held that in any case, whether of the neurotic class or that now under discussion, if an exploratory incision is made and the ovaries and tubes found healthy, they should not be removed. It is high time that a restraining hand should be laid upon those who are so eager to sterilize women.

Dr. L. E. Neale, with reference to Dr. Chunn's remarks explanatory of the non-appearance of the ascitic fluid after the operation, said he cou'd not understand how a mere incision in the peritoneum could possibly produce such results. But he did understand how exposure, manipulation, sponging and washing out the peritoneal sac could so alter its function. Indeed, this is a clinical fact, also applicable to other serous membranes, observed by Lawson Tait (*Dis. of the Ovaries*, ed. 1883, p. 253-4) and others, and as far as Dr. Neale knows denied by none.

Dr. Neale credited Dr. Howard with making a correct diagnosis, if any *positive* diagnosis was made.

If Dr. Howard held that the ovaries should always be spared when they did not present microscopical evidences of disease, Dr. Neale must differ with him. The typical case of Olshausen quoted in the paper, and a number of similar observations by others might be cited to prove that success may attend the operation of castration when the ovaries are apparently normal. Can we tell by merely looking at the ovary whether it is diseased or not? Does Dr. Howard believe in functional disease, or more correctly in serious functional disturbance of an organ without gross anatomical alterations? Ovaries thought to be normal have been found by histological examination to be diseased, hence Battey has abandoned the term normal ovariotomy.

Dr. H. P. C. Wilson said there are exceptional cases, where the patient is afflicted with neurotic troubles, evidently reflected from the uterus and its appendages—greatly aggravated with each return of menstruation, and where every means of relief had been tried without any good result, in which he would not hesitate to remove the ovaries and tubes,

although at the time of operation he could not discover disease in the parts. A superficial examination by sight and touch, such as we can obtain during the progress of an operation, is not sufficient to establish, beyond doubt, the existence of health or disease in these parts.

Be this as it may, we find a woman with all sorts of neurotic troubles—a misery to herself—a burden to her frinds—incapacitated for any of life's duties—in agony of pain, referable to the pelvic organs, probably in convulsions about the menstrual period, and with all her symptoms aggravated at these times. She had gone the round of physicians and exhausted all surgical and medical remedies, and yet nothing better.

He would not hesitate to remove this woman's uterine appendages, whether they *appeared* to him, on opening the abdomen, healthy or unhealthy—not simply to get rid of these parts, but by getting rid of them, to remove the stimulus to morbid and excessive innervation and circulation in the uterus, and stop its reflected neurosis. As long as menstrual life continues, so long will these miserable women drag out a wretched existence, and we are called upon to arrest this function by removal of the ovaries and tubes.

He could recall one woman from whom Dr. Robert T. Wilson removed the uterine appendages, who was having from five to twenty hystero-epileptiform convulsions daily, and who, from these, and great pain, especially in the pelvis, was worn away to a skeleton, and bedridden. He and Dr. Robert Wilson had exhausted all their power by local and constitutional treatment, for her relief, but without any benefit. This woman is now leading an active life, and getting her living.

When the abdomen was opened they could discover no disease in the ovaries and tubes, by sight and touch.

Dr. B. B. Browne thought that in some cases in which the ovaries have been removed no examination of the tubes has been made. He thought that in every case the condition of the tubes should be determined as it would have a very decided bearing upon the prognosis. He thought that if the ovaries were removed, the tubes were of no use and should also be taken away.

Dr. W. T. Howard did not know whether in Dr. West's and Dr. Chunn's cases the tubes were removed or not; nor did it matter, as it was not pretended that either ovaries or tubes were diseased. Dr. Howard asked Dr. Browne if he knew of any physiologist who believed that the tubes caused menstruation? It was true that Mr. Lawson Tait had reported a case in which he had removed both tubes that were occluded and distended with pus, left the ovaries, and eight months afterward the woman had not menstruated. And this seemed to sustain Mr. Tait's opinion that the ovaries have nothing whatever to do with menstruation, and that this physiological function is dependent upon the Fallopian tubes. But it is well known that women often have amenorrhœa for months and years who have both ovaries and tubes. And Mr. J. Knowsley Thornton has reported two cases which are a complete offset to Mr. Tait's one case. In both cases Mr. Thornton closely and thoroughly removed the tubes; but in one of the women about two-thirds of one ovary was left; and in the other both ovaries were left; and yet both women continued to menstruate regularly. Further, Sir Spencer Wells states that if the ovaries be not completely removed and some small portion left, menstruation may recur quite regularly, even though both tubes have been totally removed. No one denies that *diseased* tubes should be removed; but when they are healthy, their removal is unnecessary since they, like the uterus, undergo atrophy when the ovaries are gone.

Dr. Neale and Dr. Wilson avow their readiness to extirpate the ovaries in women of the hystero-epileptic or neurotic class, whether, upon an examination by sight or touch during an operation, they can discover any disease in them or not. And Dr. Neale asked whether Dr. Howard thought there can be serious functional disturbance of an organ without gross anatomical alterations; and affirmed that ovaries thought to be normal have been found by histological ex-

amination to be diseased, that, therefore, Battey has abandoned the term "normal ovariotomy." Dr. Howard certainly thought that there may be extremely painful and distressing symptoms in functional disorders of an organ, as in cases of irritable heart, entirely unconnected with any evidences of inflammation or structural lesions. And if in the heart, why not in the ovaries? Dr. Neale's reference to Battey was unfortunate; for Battey tells us that he has abandoned the obsolete term "normal ovariotomy," because he removed ovaries in the early history of his operation that, in his ignorance of their histology and pathology, he erroneously supposed to be healthy, that he now finds were really diseased. It may be true that there may exist morbid alterations in the ovaries that can only be discovered by the microscope; still, of what avail is that before and during oöphorectomy? But if such information were available, does it follow that such minute alterations of necessity demand removal of the ovaries? It is well known that in ovariotomy operations, ovaries that were obviously somewhat diseased both to the sight and touch had been left, and the women have subsequently borne children.

But if Dr. Howard was wrong in his opposition to the removal of healthy ovaries in cases belonging to the neurotic class, it must be conceded that he is in excellent company. In the September number of the *American Journal of Obstet. and Diseases of Women*, Mr. Lawson Tait affirms that "save when the seat of such *organic disease* as will *explain genuine suffering*, the uterine appendages ought *not to be removed*;" and in the same number of the same journal, Hegar declares that "the ovaries should never be removed unless they are unquestionably diseased, that is, unless an *anatomical alteration can be detected without doubt by a physical examination.*" And Battey stated at the meeting of the American Gynæcologicol Society in this city on the 21st of September just passed, that not even "every case of *organic disease* of the ovary should be removed." All know that these gentlemen are the highest authorities on the subject.

The Cause of Circular Gastric Ulcer.—Dr. Silbermann, of Breslau, has lately made some experiments on dogs for the purpose of showing that the kind of anæmia characterised by deficiency of hæmoglobin in the red corpuscles of the blood is peculiarly favorable to the production and maintainance of circular ulcers of the stomach. Hæmoglobinæmia was produced by injection of various substances, and then either chromate of lead was introduced into a small gastric artery, or a ligature was applied to it, or the internal surface of the stomach was abraided by means of an œsophageal sound carrying a guarded point. All these animals were found to have contracted gastric ulcers, and it appeared to make no difference whether the hæmoglobinæmia was produced before or after the stomach was injured. With the microscope it was found that a number of the red corpuscles were of a very pale color, and that the blood was less alkaline than normal, which is explained by the experiments of Preyer, A. Schmidt, and Rollet, who have shown that hæmoglobin is a weak acid. Dr. Silbermann considers that in the anæmia of hæmoglobinæmia all the conditions are present which are required by various theories for the production of gastric ulcer—namely, arterial anæmia (Klebs), venous hyperæmia of the gastric mucosa (Key), venous stasis in the hepatic vessels (Gunsberg), circumscribed hæmorrhages (Virchow), and, lastly, diminished alkalinity of the blood (Leube).—*Lancet.*

New Application of the Electro-Magnet.—In the case of a man who claimed to have swallowed an iron fork, M. Trouvé brought his ingenuity to bear upon the diagnosis, at the request of M. Polaillon. An electro-magnetic needle was deflected by the approach of the patient, and a large electro-magnet caused a slight arched projection of the surface of the abdomen, as if something inside were pressing outwards. Gastrotomy was successfully performed, and the stomach was relieved of a fork twenty-one centimetres long. The wound of the stomach was sutured and left free in the abdomen.—*Med. Times.*

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BALTIMORE, NOVEMBER 13, 1886.

Editorial.

PHYSICIANS WHO ADVERTISE.—The *N. Y. Medical Record* calls attention to the suggestion of the committee on ethics of the medical society of the county of New York, concerning the repression of the growing tendency to publish surgical operations in the newspapers. The medical societies, in this State at least, are the only protectors the profession has. While the law-makers of our land recognizing the grave responsibility of a railroad corporation, lay certain restrictions upon it in order to protect the lives and limbs of the citizens, while tradesmen of all sorts are obliged to pay a license for their privileges, while a lawyer applying for permission to practice his profession is examined before being admitted to the bar, while even oleomargarine must be stamped to prevent counterfeit the physician, whose responsibility is greater far than that of any member of the community, is allowed, in this State, to offer his services, or to foist them upon an unsuspecting public, and "no questions asked." If he wants to be very exact and conform to the strict letter of the law, he simply registers a diploma, obtained, heaven knows how, from some "college." There is not even a stamp to distinguish the *oleomargarine* from the *gilt edge*. An outcry is often raised against the unfortunate druggist, who has to conform to strict regulations before he enters upon the duties of his calling, when he puts up *morphia* for *quinia*, but no one knows how many feeble infants start for that "mysterious bourne" upon an adult dose put up by a licensed druggist, but ordered by an unlicensed practitioner.

If the representive members of the profession can come to no agreement about a suitable medical law, then it clearly becomes the duty of the law-makers to protect, not the "doctors" but the public.

"So careful of the type, *they* seem so careless of the single life."

This being the deplorable condition of affairs in our State, the medical societies, the only barrier which presumably keeps the wolves without and the flock within, should devote their energies, as Sarah Battle has it to "the rigor of the game." We have a code of ethics, and it is the duty of each one of us to call attention at once and fearlessly to any infraction of it. We profess to abhor and discountenance the "red handed quack," but the scale by which he is measured slides more easily year by year. The aforesaid rosy fingered individual advertises in the proper columns that he can cure any one of a large number of diseases, and he pays for his advertisement. In another column of the same paper we may read that "Professor A. ably assisted by Professors B. C. and D. performed with great skill a very difficult operation; the only one of the kind ever done;" or the "removal of an *enormous* tumor by Dr. So and so; patient doing remarkably well." Now these gentlemen, who had nothing to do with the insertion of this *item*, may read it in the morning paper with great complacency, whether they recognize or not the fact that this is the most subtle, the most skillful, and often the cheapest mode of advertisement.

If Dr. E., who is a "Professor," has some trivial operation described in the paper in terms glowing with extravagance and inaccuracy, why should not Drs. F. and G. who have miraculously escaped the disease of "Professor," but who have frequently done the same operation, publish at their own expense a popular but truthful account of some of their operations and distribute the pamphlets as merchants do their circu-

lars? Surely what is sauce for the stately old gander, long the admiration of the commons, is sauce for the gosling who stands in more need of piquancy.

We think we cannot urge too earnestly upon the members of the profession the importance of this matter, which while it seems of so little moment is yet capable of such great abuse. Physicians should see to it that such *items* as these spoken of *do not* get into the daily papers. Of course in police and accident cases the mention of the attending physician's name is often unavoidable, but surely there is no excuse for the daily notice that "Dr. X reports his patient better." We should carefully "avoid all appearance" of this form of evil, so that we may be able to condemn it strongly and consistently when it *does* appear in those outside the pale.

The several medical societies of our State in openly and fearlessly repressing this abuse should feel that they are maintaining not only their own honorable position, but that of the profession at large.

The Painless Production of Local Anæsthesia.—Some months ago Dr. J. Leonard Corning, of New York, published the results of a large number of experiments, showing the applicability of the principles of local anæsthesia to the fine ramifications of the sensory nerves in the integument, to the large nerve trunks, and finally to the sensory tracts of the spinal cord itself. Dr. Corning's method—which consisted in the hypodermic injection of cocaine solutions into and below the skin, the surrounding parts being so constricted as to prevent rapid absorption of the injected fluid—was soon extensively applied to the useful ends of surgery, and with such success as to make a number of operative methods painless. The only disadvantage of this method of local anæsthesia as heretofore practiced has been a certain degree of pain necessitated by the introduction of the needle into the skin and subcutaneous tissues (*N. Y. Medical Journal*, November 6, 1886). In order to overcome this latter difficulty an attempt has recently been made to introduce the anæsthetic into the skin by means of electricity. Wagner moistened the anode with a 5 per cent. solution of cocaine and placed the cathode over an indifferent point, regarding the position of the latter as immaterial. After applying the galvanic current for four or five minutes, he affirms that he was able to produce anæsthesia on the flexor side of the upper arm. Dr. Corning repeated Wagner's experiments with almost negative results. Not satisfied with this method Dr. C. began to experiment with the object in view of increasing the porosity of the skin. He worked out the following plan. He procured an implement resembling the well known instrument of Baunscheidt, but provided with many more fine needles than the conventional instrument of the shops. The instrument is so constructed that by releasing a spring it is possible to thrust all the needles, about 150 in number, into or through the integument, and, what is of paramount importance, such perforation is accomplished absolutely without pain. Dr. Corning first exsanguinates the part to be anæsthetized with an Esmarch bandage. He next applies a tourniquet above the bandage and the latter is removed. By means of the instrument he perforates the skin thoroughly throughout the entire zone which he desires to render anæsthetic. This is accomplished without the slightest pain. An oblong sponge electrode saturated with a 2½ per cent. solution is now secured over the perforated portion of the integument by means of an elastic strap. This electrode is connected with the positive pole of a galvanic battery, while the cathode is placed over some indifferent point. The plates of the battery are immersed and the current is gradually increased until there is a slight but well-marked sensation of warmth. The anæsthetic begins to exert its influence at once, so that in course of from two to four minutes there is produced a condition of anæsthesia which enables one to thrust the needles into the part to considerable depths without provoking pain

Dr. Corning has employed this method to allay the hyperæsthesia of spinal irri-

tation, and he suggests that it may render good service in certain obstinate conditions of tic douloureux. Dr. Corning has also induced painless perforation and anæsthetization by means of the galvanism without previous exsanguination and found the results in all respects gratifying. Dr. Corning describes another mode of inducing cutaneous anæsthesia as follows:

"A third mode of inducing cutaneous anæsthesia by means of the electric current combined with painless multiple puncture of the skin and the use of cocaine, which I have found very successful, is as follows: (*a*) Perforate the skin, or at least the epidermis, with the instrument already described. (*b*) Place a bandage around the part, above the point of puncture, and draw the same sufficiently tight to interrupt the venous circulation, but not to such an extent as to interfere with the arterial circulation. This procedure will cause the blood to well up through the minute openings previously made in the skin. Now apply the positive electrode, saturated with a two or three per cent. solution of cocaine, over the perforated portion of the skin. The position of the cathode is immaterial. As before mentioned, the current should be strong enough to produce a feeling of warmth. After from two to five minutes the electrodes may be removed, and the skin beneath the positive electrode will be found to be completely anæsthetic. Were it desirable to prolong the duration of the anæsthesia considerably, the part may now be exsanguinated and the tourniquet applied above the anæsthetic zone, so as to completely interrupt the circulation in veins and arteries alike.

The superiority of this method consists, of course, in its absolute painlessness; whether it will find a place in surgical operations or not remains for those who are interested in such matters to decide.

I would merely add that I have had constructed for me a reservoir electrode which retains the anæsthetic, thus avoiding the necessity of removing the electrode from the part in order to moisten the sponge."

These methods add materially to our knowledge of local anæsthetization, and open up new fields for the successful employment of cocaine which must produce a harvest of splendid results.

Miscellany.

The Dietetics of Pulmonary Phthisis.—Dr. A. L. Loomis formulates the following rules to govern the dietetics of phthisical subjects (*Journal of Reconstructives*, October, 1886): 1. Every phthisical patient should take food not less than six times in the twenty-four hours. The three full meals may be taken at intervals of six hours, with light lunches between. 2. No more food should be taken at any time than can be digested easily and fully in the time allowed. 3. Food should be taken when the patient is suffering from bodily fatigue, mental worry or nervous excitement. For this reason mid-day naps should be taken before, not after, eating. Twenty to thirty minutes' rest in the recumbent posture, even if sleep is not obtained, will often prove of more value as adjuvant to digestion than pharmaceutical preparations. 4. So far as possible each meal should consist of such articles as require the same time for digestion, or, better still, of a single article. 5. Within reasonable limits the articles of any one meal should not be such as are digested in either the stomach or intestine alone, *i. e.*, the fats, starches, and sugars should not be mixed with the albuminoids, and the meals should alternate in this respect. 6. In the earlier stages the amount of fluid taken with the meals should be small, and later the use of some solid food is to be continued as long as possible. 7. When the pressure of food in the stomach excites cough, or when paroxysms of coughing have induced vomiting, the ingestion of food must be delayed until the cough cases, or an appropriate sedative may be employed. In those extreme cases where every attempt at eating excites nausea, vomiting, and spasmodic cough, excellent results are attained by artificial feeding through the soft-rubber stomach-tube. 8. So

long as the strength will permit assimilation and excretion must be stimulated by systematic exercise, and when this is longer possible the nutritive process may be materially assisted by passive exercise at regular intervals. The following may serve as a sample menu for a day in the earlier stage. The meat soup is made by digesting finely chopped beef (1 ℔.) in water (O j.) and hydrochloric acid (♏ 5) and straining through cheese-cloth. Menu: On waking, One-half pint equal parts hot milk and Vichy, taken at intervals of through half an hour. 8 A. M., Oatmeal with abundance of cream, little sugar; rare steak or loin chops with fat, cream potatoes; soft-boiled eggs, cream toast; small cup of coffee, two glasses of milk. 9 A. M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 10 A. M., Half-pint raw meat soup; thin slice stale bread. 11–12, Sleep. 12.30 P. M., Some white fish; very little rice; broiled or stewed chicken; cauliflower; stale bread and plenty of butter; baked apples and cream; milk, kumyss, or Matzoon, two glasses. 2 P. M., Half-ounce cold-liver oil, or one ounce peptonized cod-liver oil and milk. 4 P. M., Bottle kumyss or Matzoon; raw scraped beef-sandwich. 5.30–6 P. M., Rest or sleep. 6 P. M., Some thick meat or fish soup; rare roast or mutton; spinach; slice stale bread; custard pudding; ice-cream. 8 P. M., Half-ounce cod-liver oil, or one ounce peptonized cod-liver oil and milk. 10 P. M., Pint iced milk; cut meat soup. 1–2 A. M., Glass milk, if awake.

Homicides and Suicides.—Homicides and suicides, particularly the latter, are greatly on the increase in this country. The Paris Morgue is daily filled with corpses, the greater number of them being suicides. In one day I saw no less than seven corpses laid out of persons who had destroyed themselves, one of them by a revolver, a second with a knife, a third by asphyxiation from coal-gas, and a fourth by throwing himself from the sixth floor on the pavement in the street. The other three corpses were found in the Seine. Drowning appears now to be the method preferred for suicidal purposes in Paris, whereas formerly it used to be the casting one's self from an eminence. The "Official Report of the Minister of Justice," for the year 1884, shows that 7,572 individuals voluntarily put an end to themselves during that year, of whom 1,420, or more than a sixth, belonged to the Department of the Seine. Of these 7,572 suicides, 5,964, or about eight-tenths, were men, and 1608, or twenty-one per cent. were women; 2,623 were married, 2,623 were unmarried, and 1,620 were widowers. As regards professions, cultivators and work-people are the most numerous, there being thirty-two and twenty-eight per cent. respectively. Then follow proprietors, and people of independent means, and those belonging to liberal professions, thirteen per cent.; then trades-people, twelve per cent., and finally, domestic servants, six per cent.

As for the season of the year, the general impression is that more suicides are committed in the winter than at any other time, owing to the misery that then prevails. But this does not seem to be in accord with the Minister's Report, for, in the total number of suicides during the autumn and winter of 1884, there were 3,367 against 4,205 for the spring and summer of the same year. Among the means of destruction chiefly employed in all France, hanging comes first, principally in the provinces; then comes drowning as at Paris; fire arms, knives, coal-gas, and poisoning come next. Two hundred and nineteen persons committed suicide by throwing themselves out of their windows or from the tops of public monuments. Age is an interesting item to be considered in the subject of suicides. It has been noted that they are more prevalent at the two extremes of human life, those among children being on the increase. In the year 1884 there were sixty-seven of the latter. But the great majority of persons who had committed suicide were composed of those aged from forty to fifty years (1,394); from fifty to sixty years (1,508), and particularly sixty years and after (2,255). What the cause may be for this sad state of social life, I must leave to your psychological readers to consider.—*Paris Correspondent to Medical Record.*

Lupus Vulgaris Treated with Electrolysis.—Gartner and Lustgarger have treated ten cases of lupus by elec trolysis with good results. They give an account of their method in the "Wiener med. Wochenschrift," Nos. 27 and 28, 1886. Instead of employing the common method of puncturing the skin with steel needles attached to the negative pole of a galvanic battery, they use a flat electrode consisting of a silver plate slightly curved and set in a hard-rubber ring. The rubber ring is employed to prevent the edge of the plate from acting on the skin. The part to be operated on is washed with soap. A current of five to eight milliampéres is allowed to flow throw the part for ten minutes. The electrolytic action is confined to the diseased points, the cicatricial tissue or the sound skin between the lupus nodules being almost always unaffected. The lupus nodules, on the other hand, are excoriated and swollen, and give vent to a clear, watery, sticky fluid. After a few hours they sink in and become covered with a brown, leathery scab. The part should be dressed with iodoform and the scab allowed to fall, which it does in from eight to fourteen days. The result is a flexible pigmented cicatrix. The procedure is painless. The operation is indicated by the superficial location of the disease. It may be practiced both in the ulcerating and non-ulcerating form.—*N. Y. Med. Jour.*

Quinine and Oil of Turpentine in Malignant Pustule.—Dr. Don. F. Rivas describes in *La Union de las Ciencias Médicas* some cases of malignant pustule which were rapidly cured by the application of a paste composed of quinine and oil of turpentine. One of the cases was that of a shepherd, in whose flock the disease had manifested itself. He was stung by a mosquito on the forehead, and two hours afterwards the head and neck were extremely œdematous. The paste was applied, and the pain and swelling shortly diminished. A couple of days later a large quantity of sanguinolent fluid was discharged, and by the fourth day the man was quite well. Another shepherd of the same flock, who was similarly affected, made use of some of his colleague's paste without consulting a doctor, and was also cured in four days. A third case was that of a woman who had a malignant pustule on the hand, which was unaffected by various remedies which were applied, but on the application of the quinine and turpentine paste the severe pain ceased almost immediately, and the œdema rapidly diminished, the patient being quite restored to health in four days' time.—*Lancet.*

A Laxative and Tonic Wine.—℞. Tincture of calisaya, tincture of simaruba, tincture of gentian, tincture of bitter-orange peel, of each f 3 ijss.; tincture of ignatia bean, 3 ss.; sherry wine enough to make Oij. Mix and filter. The wine is tonic, carminative, and laxative. The dose is from one to two fluid ounces.—*Prog. Médical.*

Vomiting of Pregnancy.—Weiss of Prague has used successfuly the hydrochlorate of cocaine in cases of vomiting in pregnancy which had resisted all other measures of relief. ℞. Hydrochlorate of cocaine, gr. ij; alcohol enough to dissolve; water, 3 v. Sig.—One teaspoonful every half-hour or hour. Dr. Holtz gave his patient a hypodermic injection of cocaine and the vomiting ceased, after everything else had failed to afford relief.—*Canada Med. Record.*

M. Pasteur.—The statistics brought forward by Dr. de Chautemps at the Sorbonne last week were said to show that M. Pasteur had saved the lives of at least 145 Frenchmen. Of 1500 patients subjected to the prophylactic treatment only ten had died, and two of these deaths could be accounted for without supposing the treatment to have been inefficacious. Taking merely the cases that had been under treatment before August 1st, in order to allow of the lapse of sufficient time to ascertain the result of the inoculation, it was shown that the number of cases was 1276. At least 80 per cent. of these cases received bites from undoubtedly rabid animals,

so that 973 individuals were bitten. It is computed that 155 of this number would have died if they had been left to themselves; and yet there had been but ten deaths. Hence the claim of Dr. de Chautemps that M. Pasteur had saved the lives of 145 of his countrymen.—*Lancet.*

Effects of Drugs on Ascarides.—Schrœder found, of all drugs tried, corrosive sublimate and nicotine the most powerful; soda lye also has a powerful effect on the worms; while cyanide of potash, arsenic, strychnine coniine, physostigmine, aconitine, morphine, and picrotoxine had little effect. The same may be said of chloral, alcohol, helleborne, quinine and camphor; while the animals proved very sensitive to phenol and salicylic acid. The presence of santonin in the small intestines drove the worms down into the rectum, where they could be dislodged by purgatives.—*Druggist Circular.*

Iodol in Ear Diseases.—Dr. Stretter, who has used iodol, the new inodorous substitute for iodoform, in a large number of cases of ear disease, finds that in acute purulent inflammatory affections iodol applications rapidly produce marked benefit, but that in chronic inflammations of the middle ear it is generally quite useless, or at best no better than other more common methods of treatment.—*Lancet.*

Treatment of Scabies.—Professor Fournier, Physician to the Saint Louis Hospital, recommends the following domiciliary treatment of common itch or scabies: (1) Lotions all over the body with common toilet-soap, soap-powder, with or without scent. (2) A bran bath; immediately after which, (3) Frictions with the ointment, composed as follows: Glycerine, 200 grams; gum tragacanth, 1 gram; flower of sulphur, 100 grams; carbonate of soda, 50 grams; to be scented *ad libitum.* (4) A second bath to be taken. (5) The body and bed linen to be changed and disinfected, and the gloves burnt. On the following day a few emollient baths of starch, or the glycerole of starch, to be taken to complete cure.—*Paris Cor. Amer. Prac. and News.*

Sciatica.—A prescription frequently used in Prof. Dana's clinics is:

℞ Olei gaulth, - - -
Olei terebinth - āā ʒ iv.
Syr. acaciæ, - - ℥ ii.
Aquæ cassiæ, q.s.ad. ℥ iii.
M.
Sig.— ʒ i. three or four times daily.
—*Quarterly Bulletin.*

The Length of a Step.—Dr. Gilles de la Tourette has recently published a monograph upon normal locomotion and the variations in the gait caused by diseases of the nervous system. He found, from a comparison of a large number of cases, that the average length of a pace is, for men 25 inches, for women 20 inches. The step with the right foot is somewhat longer than that with the left. The feet are separated laterally in walking about 4½ inches in men, and about 5 inches in women. The ataxic gait is characterized by an actual shortening of the pace coinciding with an apparent lengthening, and by a considerable increase in the lateral separation of the feet.—*Med. Record.*

Anæsthesia During Lithotrity.—Dr. Vdorikovski, writing in a Russian surgical journal on the subject of anæsthesia during lithotrity, comes to the conclusion that when the stone is small, and can be removed with about half an hour's manipulation, local cocaine anæsthesia answers very well. In the case of large stones requiring a prolonged sitting for their removal he uses chloroform; and when the bladder contracts so as to make the operation particularly difficult, he combines the two methods—that is, he employs local anæsthesia by cocaine and general anæsthesia by chloroform simultaneously.—*Lancet.*

Cocaine in Angina Pectoris.—Lashkevitch recommends cocaine in doses of one-third of a grain three or four times a day for the relief of angina pectoris. In addition, inhalations of oxygen during the attack are advised.

SEDATIVE COUGH MIXTURE.—Dr. H. C. Wood recommends the following:

℞ Potassi citratis, ... ℥j;
Succi limonis, ... ℥ij;
Syr. ipecac., ... ℥ss;
Syr. simplicis, . . . q. s. ad ℥ vj;

M. Sig.—A tablespoonful from four to six times a day.

When there is much cough or irritability of the bowels, paregoric may be added.—*Therapeutic Gazette.*

NASAL CATARRH.—To diminish the sensibility of the mucous membrane of the nose, Dr. Sajous recommends—

℞. Acid. tannic., - - gr. xl
Glycerini, - - - f℥j. M.
SIG.—Apply with a cotton-wrapped probe.

A solution of zinc chloride, gr. ij to f ℥ j, is also useful, or of the zinc sulphocarbolate, gr. v to f ℥ j.

To get rid of effusion when the above is of no avail, he recommends that the patient sit covered with a sheet, and place a lamp within to steam him; or use—

℞. Bismuth, subcarb.,
Pulv. talc, āā ℥j
Aluminis, - - - ℥ss
Morph. sulph., - - gr. j
Pulv. acaciæ, - - ℥j. M.
SIG.—Snuff up a little several times a day.

He advised that a solution of common salt should never be used as a nasal spray, and not to use any nasal spray cold. He further stated that in almost any case where a wash was required, the following could be used:—

℞. Sodii bicarb.,
Sodii biborat., āā gr. iij.
Aquæ, - - - - f℥j. M.
SIG.—Use a wash or spray.
—*Col. and Clin. Record.*

ANTIPYRINE IN THE TREATMENT OF ULCERS.—Dr. Bosse states that antipyrine is an excellent agent for promoting granulation in old ulcers of the leg (*Berliner Klinische Wochenschrift*). He covers the surface of the ulcer with antipyrine, over this places a layer of salicylated cotton, and retains all in position by means of a tight bandage. The dressing is changed every day. After the ulcer has commenced to granulate well it is treated by touching with nitrate of silver, and then dusting with iodoform.—*Ex.*

AMENORRHŒA.— Where amenorrhœa is due to arrested development, Dr. Goodell has derived the very best results from the constant use of Blaud's pill, as recommended by Niemyer:

℞. Pulv. ferri sulph.,
Potas. carb. puræ, āā ℥ij
Mucil tragacanth, - q.s. M.
Fiant pil. xlviii.
SIG.—To be given daily, in increasing doses, until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills give rise to constipation, Dr. Goodell uses this formula (compound licorice powder):—

℞. Pulv. glycrrhiz. rad.,
Pulv. sennæ, āā ℥ss
Sulphur. sublim.,
Pulv. fœniculi, āā ℥ij
Sacchar. purif., - - ℥iss. M.
SIG.—One teaspoonful in half a cupful of water at bedtime.—*Col. and Clin. Record.*

THE TREATMENT OF THREAD-WORMS IN CHILDREN.—Dr Sidney Martin writes as follows to *The Practitioner* of October, 1886:

The complete cure of thread-worms in Children is often very difficult. While the ordinary methods used, such as rectal injections of salt and water, infusions of quassia, and other remedies, do good for a time, yet they often fail to relieve the attendant symptoms of "worms", symptoms usually very irregular, and in some cases severe, in character. In many cases, though the irritation about the anus is relieved by injections, the irregularity of the bowels and the disturbance of sleep remain the same. This is probably due to the fact that the habitat of the worms is higher up in the large intestine, where no remedy introduced by the rectum can reach them.

In many cases I have found that rhubarb in small doses brings away large numbers of worms, and at the same time regulates the bowels, so that the use of

injections may in most cases be dispensed with. The formula which I have found most useful is as follows, varying slightly with the age of the child:

R.—Tincture rhei . .	ɱiij
Magnesii carbonatis .	. gr.iij
Tincturæ zingiberis .	.ɱj
Aquam . - .	.ad ʒj.

This is to be taken twice or three times dai ,according to the effect on the bowels ly Whether the rhubarb acts as a vermicide or simply by "moving the worms on," I am unable to say.
—*Med. News.*

Coryza.—Muriate of cocaine, two grains; roasted coffee and white sugar, of each one ounce. To be taken as snuff.—*Med. Press.*

Medical Items.

Dr. John Morris, of this city, read a paper at the recent National Prison Congress in Atlanta, Ga., on "Prison Physicians their Duties and Influence."

Lieutenant Col. John Moore, Assistant Medical Purveyor U. S. A., has been appointed to the position of Surgeon-General of the U. S. Army by President Cleveland. Dr. Moore is a native of Indiana and enjoys the reputation of being an officer of fine ability.

Asiatic Cholera, says the *Record*, has reached New York at last but fortunately it was brought in the luggage of an enterprising mycologist, hermetically sealed, and confined to the innutritious surface of sterilized agar-agar.

The *Medical Record* states that in the early days of cocaine investigation its toxic power was tested on a dog, and forty grammes were required to kill the animal. The cost was eight hundred marks, or about one hundred and sixty dollars.

In a recent paper read before the New York Academy of Medicine on "Maternal Nursing and Wet-Nursing," the author, Dr. J. E. Winters, asserted that no woman should be allowed to nurse her child in the night, nor should she be allowed to sleep in the same room.

Dr. J. B. Mattison, of Brooklyn, N. Y., is preparing a paper on "The Cocaine Habit," and requests that if any reader of this Journal has met with a case of cocaine addiction and will send him the fullest details at his command he will thank him for the courtesy, reimburse him for any expense incurred, and will give him full credit in his paper.

Professor Brown-Sequard brings forward a number of pathological and experimental facts to show that it is an error to suppose that cadaveric rigidity is due to a coagulation of the albuminous principle of muscle. The chief, and sometimes the only, cause of rigor mortis resides in a true muscular contracture, which is a vital phenomenon, although occurring post mortem.—*Lancet.*

The *N. Y. Medical Journal* says the struggles of young doctors are hard enough as few if any of our readers need be reminded. To those who are inclined to regard their own prospects as gloomier than if they had chosen some other profession we recommend an advertisement that lately appeared in the "Daily Register," the New York law journal, in which "an experienced attorney" offered his service to any law firm at a salary of five dollars a week.

The New York Academy of Medicine has received gifts and legacies amounting to nearly $200,000, the latest gift being $25,000 from Mrs. Woerishoffer. The Academy will soon begin the erection of a suitable building, as well as make other needed additions to its equipment. Mrs. Woerishoffer was led to make her gift to the Academy in consideration of the fact that by excluding politics and ethical strifes from its constitution and gatherings the Academy deserves the name of a purely and exclusively scientific body, and thereby the confidence of the public.

The reports of the Bureau of Vital statistics for New York City, for the year 1885, show that of 35,682 deaths during the year, nearly one-fourth, or 9,303, occurred in the first twelve months of life. During the same year there were, exclusive of still births, 30,030 children born. The deaths in infants less than one year old were equal, therefore, to nearly one-third of the number of births. This history of infantile mortality tells the story of an unnatural and unjustifiable system of infant feeding due largely to the ignorance and indifference of parents, and to a large extent encouraged by a number of the medical profession.

Harvard University has just conferred the honorary degree of LL.D., upon Dr. J. S. Billings and Dr. S. Weir Mitchell. The high compliment thus paid to Dr. Billings is a just recognition of his eminent services to the science and literature of his profession and a fitting rebuke to those gentlemen of the medical press of the West and South-West who have attempted to belittle Dr. Billings' fair name and fame by cheap criticisms and vulgar aspersions. We congratulate Dr. Billings upon the reception of this well-merited honor at this time from the oldest and most eminent University in the United States.

Original Articles.

ELECTROLYSIS AND SOME OF ITS APPLICATIONS IN MEDICINE AND SURGERY.*

BY GEORGE H. ROHÉ, M.D.,

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If we place the platinum terminals of an electric battery—say of two or three Daniell's cells—in a vessel of water and allow a current to pass, the water is decomposed into its constituent elements, oxygen and hydrogen; the former being given off at the positive and the hydrogen at the negative pole. By means of a suitable apparatus these gases can be measured, and it will be found that the product of hydrogen is nearly twice as great, by volume, as that of oxygen. The exact quantity of the gases composing the water cannot be recovered, because a portion of the oxygen is converted into ozone, and some of the hydrogen adheres to or is "absorbed" by the platinum surface of the negative electrode.

This phenomenon is known to physicists under the name of *electrolysis.*

If, instead of water, a solution of cupric sulphate is acted on in the same way by an electric current the cupric salt will be decomposed, metallic copper being deposited upon the negative electrode, and sulphuric acid and oxygen appearing at the positive. In a similar manner, chloride of sodium may be resolved into the elements chlorine and sodium, the latter appearing at the negative electrode and the former at the positive.

It has been discovered that analysis of organic tissues can likewise be produced by the action of an electric current, and in this paper, I propose to indicate some of the conditions in which such an electrolytic current can be employed.

Before proceeding I may be permitted to recall to your minds the meaning of certain technical terms which are made use of in the description of electrical apparatus and phenomena.

By electro-motive force is meant the force which causes the transfer of the electric current from one part of a circuit to another. Of late it has become a fashion among electricians to speak of "differences of potential," meaning by this practically the same as electro-motive force. So far as we have practically to deal with it, electro-motive force may be assumed to represent *initial strength of current.*

But what I have here called initial strength of current is unattainable. In passing through any part of the voltaic circuit, some of this current strength, or electro-motive force is used up in overcoming *resistance.* We must therefore take into account the resistance of the circuit in estimating the *available strength of current.*

Now the resistance of a circuit is divided into internal and external resistance; into the resistance or obstruction to the current offered by the battery cell itself—*internal resistance*; and into that offered by the remainder of the circuit; the wire or material interposed between the poles of the battery externally—*external resistance.*

The internal resistance of different batteries varies much, as does that of the same battery at different times. The quality of the exciting fluid, and the polarisation of the plates are constantly varying, and causing constant variations in resistance. Batteries like the Daniell or one of its modifications have a high internal resistance. They may therefore be called—using a designation current among older electricians "tension batteries." They are used in overcoming great resistances, as in telegraphy. On the other hand, batteries like the Grenet or other cells in which potassium bichromate and sulphuric acid are used as the exciting fluid; where the plates are large, and near together and the internal resistance is correspondingly small, are especially useful when great *quantity* of current is desired, as in heating the wires of a galvano-cautery. I am aware that modern

*Read before the Clinical Society of Maryland, November 19, 1886.

writers on electricity discountenance the use of the terms "tension" and "quantity" as applied to current strength, but it is convenient and even the most recent text-book writer whom I have consulted speaks of joining cells "for quantity" in order to obtain the heating effects of the current.

Now, in performing electrolysis a current is required capable of overcoming great external resistance, in other words, what I have ventured to call in opposition to modern usage, a "tension" current. In order to produce this, a battery with a comparatively small surface of elements, of high electromotive force and of great internal resistance is needed. The heating effects are to be in abeyance. Just as the telegrapher desires to avoid burning the fine wire constituting the coil of his relay, so does the electrolysing operator use his best endeavors to avoid *burning* the tissues upon which he operates. A battery of large "quantity" is therefore out of place. Low internal-resistance batteries are only permissible when the plates are very small in order to increase that resistance proportionately, otherwise the electrolytic effect is liable to be increased or possibly perverted by a cauterising action.

The battery cell which I use is a modification of the Daniell, known as the Siemens-Halske. It is extremely constant in its action, requires very little care, beyond supplying the water lost by evaporation, and its first cost is not very great. It can only be used as an office battery, however, as the large size of the cells make it absolutely unportable. I have a battery of sixty of such cells, but have never had occasion to use more than forty at a time. In connection with it I have one of Flemming's office cabinets, which makes the use of electricity for any purpose in medical practice (except the electro-cautery) exceedingly convenient. I can conceive of nothing more handy and comfortable, and, I may add, beautiful as a piece of office furniture, than this apparatus.* The details of the arrangements in my office were worked out with the assistance of Mr. Charles Willms, who furnished the battery and cabinet. Connected as this battery is "for tension," it cannot be used as an electro-cautery, but if all the zincs were joined together on the one hand and all the copper elements on the other, thus making practically one large cell it could also be used to produce cauterising effects. I chose the Siemens-Halske cell after considerable experience with other forms of battery in various kinds of electrical work. In electrolysis constancy of action is especially desirable. This cannot be obtained with a rapidly polarising cell like the Léclanché or the bichromate cells in their various modifications.

In medical practice electrolysis has been used with varying success for about forty years. To Crusell, Ciniselli, Gröh, Scoutetten, M. Meyer, Tripier, Zancopulos, Neftel, Hardaway, Fox and Newman, the profession is most indebted for the advances which have been made in the therapeutic application of this force. The table on the next page shows some of the results obtained by its use heretofore.

Recently a considerable number of reports have been published showing the efficacy of electrolysis in other affections. One of the most remarkable of these is by M. Meyer, of Berlin. A boy with a large callus at the bend of the elbow preventing motion of the forearm, was treated by electrolysis, and after a large number (118) of sittings the bony tumor was absorbed and motion restored.

In this country electrolysis has been largely used in certain minor dermatological operations, and to a more limited extent in gynæcology and genito-urinary surgery.

To Dr. Wm. A. Hardaway of St. Louis is due the systematic introduction and development of electrolysis in dermatological practice. Restricted at first to the removal of superfluous hairs from the faces of women, it has in the past six or seven years found much more extended application. In addition to the destruction of hairs, numerous small new-formations, epithelial, fibro-cellular or vascular, have been treated by the electrolytic method, and generally with success.

*See figure 1.

CASES TREATED BY ELECTROLYSIS.*

REPORTED BY	No. Reported.	NATURE OF DISEASE.	RESULT OF TREATMENT.
Benedikt.	8	Arthritis deformans and ankylosis.	Improved.
M. Meyer.	1	Arthritis nodosa.	Cured.
Chvostek.	9	Gonorrhœal orchitis.	Cured.
Gröh.	1	Carcinoma mammæ.	No result.
Benedikt.	21	Chronic diseases of joints.	17 cured. 4 improved.
Cheron.	7	Chronic arthritic rheumatism.	Cured.
Bartholow.	3	Chronic infarctus of uterus.	Cured.
Scoutetten.	5	Ganglia.	Cured.
Althaus.	1	Ganglion.	Cured.
Gröh.	1	Gonitis rheumatica.	Cured.
	1	Gonitis traumatica.	Cured.
Benedikt.	9	Hydrarthrosis.	Cured or improved.
Gröh.	1	Hydrosarcocele.	Improved.
Bruns.	4	Hydrocele.	Not cured.
Arcoleo.	9	Hypopion.	Cured.
	1	Corneal abscess.	Cured.
Chvostek.	1	Traumatic infiltration in leg.	Cured.
Chvostek.	6	Indolent inguinal buboes.	Cured.
M. Meyer.	1	Lymphoma.	Nearly made to disappear.
M. Meyer.	1	Lymphoma.	Cured.
Gröh.	1	Melano-sarcoma.	Failed.
Rudolfi.	2	Ophthalmia, granular.	Improved.
Chvostek.	1	Pannus.	Improved.
Wolf & Cheron.	17	Enlarged prostate.	Cured.
Birch.	2	Pseudarthrosis.	Cured.
Schwann.	2	Extensive chancroid.	Cured.
Chvostek.	30	Goitre.	Cured.
Mendel.	2	Traumatic tetanus.	Cured.
Benedikt.	2	Trismus.	Improved.
Wiesner.	2	Prosopalgia.	Cured.
Ciniselli.	23	Aneurism thoracic aorta.	4 cured.
	1	" Ascending aorta.	Cured.
Petrequin.	1	Aneurism traumatic of temple.	2 cured.
Gröh.	11	Angioma (nævus).	Cured.
Althaus.	1	Angioma, lower lid.	Cured.
Juenken.	1	Angioma.	Improved.
Manfredini.	1	Villous cancer in leg.	Cured.
Neftel.	1	Cancer.	Cured.
Gröh.	18	Cancer.	14 cured.
	1	Condyloma.	Cured.
Fieber.	1	Ovarian cyst.	Destroyed.
Lincoln.	1	Erectile tumor in supra-orbital fossa.	Cured.
Klaine.	1	Fibroid of left trochanter.	Cured.
Gröh.	1	Hemorrhoids.	Cured.
Billroth.	1	Prae-patellar hydrops.	Failed.
Billroth.	a few	Hydroceles.	Not permanently cured.
Dittel.	1	Hydrocele.	Cured.
Scoutetetten.	1	Lymphoma, neck.	Cured.

*From Amory's Treatise on Electrolysis, Wood's Medical Library, 1886. p. 150.

Reported by	No. Reported.	Nature of Disease.	Result of Treatment.
Demarquay.	1	Submaxillary lymphoma.	Cured.
Gröh.	1	Scrof. lupus in upper lip.	Cured.
Hilton Fagge and Durham.	1	Hydatid liver.	Cured.
C. Foster.	1	Hydatid liver.	Failed.
Gröh.		Myxo-sarcoma.	Cured.
Althaus.	11	Nævi.	7 cured.
Ehrenstein.	1	Osteo-enchondroma of clavicle.	Cured.
Bruns.	3	Pseudarthrosis.	Failed.
Nélaton.	5	Pharyngo-nasal polypi.	3 cured.
Bruns.	1	Polypus of fauces.	Cured.
Althaus.	8	Goitre.	Cured.
Gherini.	7	Cystic goitre.	4 cured.
Althaus.	2	Scirrhus mammæ.	Cured.
Gröh.	4	Sarcoma.	All cured.
Bruns.	2	Urethral stricture.	1 cured.
Tripier and Mallez.	40	Urethral stricture.	All cu'd or improv'd
Couriard.	12	Urethral stricture.	10 improved.
Althaus.	16	Sebaceous tumors.	15 cured.
Billroth.	1	Telangiectasis of cheek.	Failed.
Dittel.	5	Varices.	All cured.

The Removal of Superfluous Hairs.

The following appliances will be necessary in treating a case of hypertrichosis by electrolysis.

1. A suitable battery.
2. Proper electrodes.
3. A pair of cilia forceps.
4. A chair with head rest.

Any battery possessing the requisites pointed out above, namely constancy of action, low quantity, and high internal resistance will answer. I have worked with two forms of bichromate batteries (zinc and carbon elements) the Léclanché and the Siemens-Halske. The latter I like best, but it is not portable. The chloride of silver battery ought to answer the purpose well, but I have no personal experience with it.

The strength of current—in other words, the number of cells—to be used must be decided by the individual case. In some cases four to six cells answer, in others ten, twelve, or fifteen must be employed. It must be remembered that the bichromate and Léclanché batteries rapidly run down, the former on account of change in the fluid, the latter on account of polarisation of the negative element. The operator needs therefore to have a practical knowledge of the behavior and management of his batteries as well as a delicate appreciation of the changes produced by the current in the tissues through which it is passed. Recent writers upon electrolysis insist with vehemence upon the necessity of accurate measurement of the currents employed. Although I have had considerable experience in measuring electrical and magnetic currents, not only in medical, but in technical and scientific observations, I am not convinced that the constant watching of the milliampèremeter attached to the medical battery is much of an aid to the practitioner in properly performing electrolysis. A little self-reliance on the part of an operator with common sense and close observation of the common sensibility of the subject operated upon will be as faithful a guide in the operation as the so called "absolute" galvanometer.

Under proper electrodes, I understand needles and needle holders. A fine steel sewing needle (No. 12), may be used, but I prefer the platino-iridium needles made by the A. M. Leslie Surgical instrument Company, of St. Louis. They are thinner than the finest steel needles,

do not break, and are so flexible that they can easily be bent into any shape desired.

A considerable number of needle holders have been devised. They are all good. I prefer one with a moderately thick handle in order to allow a firm grasp.*

The needle is attached to the conducting wire from the negative pole. To the positive is attached an ordinary sponge electrode, such as is furnished with all batteries.

The forceps should have an easy spring and flat jaws so that a hair may be easily grasped. The jaws should not be deeply serrated, and the forceps must not have a catch.†

An ordinary cane-seat arm chair with a movable head rest answers very well. An oculist's or dentist's chair would probably be a little more comfortable to the patient, but it is not essential.

I quote the following description of the operation from a previous article of mine upon this subject.

"To proceed with the operation: The patient is placed before a good light—avoiding direct sunlight unless modified by frosted glass—and directed to take hold of the handle of the sponge electrode, the sponge, of course, having been previously moistened. The operator then sits a little in front of and to the right of the patient, and takes the needle electrode in his right hand, holding a pair of tweezers with flat, narrow jaws in his left. The needle is then gently insinuated into a follicle by the side of the hair until the bottom of the follicle is reached. This is manifested by a slight resistance to the onward passage of the needle. The patient is then directed to touch the sponge with the palm of the other hand, thus closing the circuit. The current will immediately pass and the electrolytic action be made manifest by a little frothing around the needle. In some skins also a little wheal will be raised about the follicle. In from twenty to forty seconds the hair can be extracted with the tweezers without the slightest resistance or pain. If the hair does not come away with perfect ease, the papilla has not been destroyed, and the needle should be permitted to remain and the current to pass a little longer. The current is broken by removing the hand from the sponge electrode. This gives less pain than if the current is closed and opened with the needle.

If the hairs are very close together, they should not all be removed at the same time. The hairs should be picked out here and there; otherwise the points of irritation will be in too close proximity, and, if sufficiently intense, may produce small areas of sloughing and leave scars. If the operation is properly performed, no visible scars should remain.

A sitting may last from fifteen to thirty minutes. Very few operators can extend it beyond the latter time. The sittings may be repeated every other day, or, in cases where time is important, every day."*

After the operation a mild astringent lotion may be applied, and the patient should be directed to bathe the surface operated upon several times a day, with hot water for five or ten minutes at a time. This tends to reduce any hyperæmia which may have been caused by the operation.

In an experience of over four years I have no failure to record in the removal of ingrowing eye lashes or of overgrowths of hair on the face in women. In two cases the patients became discouraged and discontinued the treatment. In only one of these was there any expressed dissatisfaction with the result.

No one should undertake the treatment of a case of hirsuties unless he possesses these three essential qualifications for success: patience, a steady hand and good vision. The latter may be aided by a lens, but the former two must be natural qualities.

Pigmented Nævi and Papillary Growths.

Moles and warts can be most thoroughly and satisfactorily removed by

*See figures 2 and 3.
†See figure 4.

*Experience with Electrolysis in Dermatological Practice. By George H. Rohe, M.D. *Philadelphia Medical Times*, August 8, 1885.

electrolysis. A steel sewing needle, or a fine steel jeweller's "bristle" should be used as the negative electrode. The growth may be punctured in several places, or, better, transfixed by the needle, passing the current a few minutes at a time in several directions. The needle should not penetrate below the base of the growth, in order to avoid a scar. Warts sometimes persistently return unless the base is thoroughly destroyed. On passing the current the tissues become pale, the evolution of the gases at the point of insertion causes a slight elevation of the spot and if the destruction has been properly accomplished, a dry crust forms which falls off in from five to ten days. In very superficial brown flat moles, I usually remove all the discoloration at the sitting, exposing the deep layer of the epidermic cells. This is easily done by moving the needle lightly from side to side after the current has begun to soften the pigmented layer. The dark skin can then be raised from its basis like a thin brownish pellicle.

Epitheliomatous, Fibroid and Cellular New Formations.

I have removed one small cancerous growth from the nose, and several small fibroid tumors of the skin by electrolysis. I have also used the method in a case of very extensive lupus, but the patient is so dilatory in his attendance that the progress made is unsatisfactory. In these cases also the needle attached to the negative electrode was used at the seat of the growth. The positive (sponge) electrode was placed upon an indifferent point, generally held in the hand. The fibroids, being outgrowths from the connective-tissue layer of the skin, naturally left scars. These are quite small, flat, and pliable, however, and are not noticeable except on close inspection.

Vascular Nævi.

The small telangiectatic spots so frequently seen upon the face, commonly called "spider nævi," are easily destroyed by means of the electrolytic method. A current of from five to ten cells is passed with the negative needle in the centre of the growth. The needle must be gently removed in order not to disturb the soft clot formed. If the direction of the current is reversed before the needle is removed, a firmer clot results.

Larger nævi can likewise be successfully treated by this method. In the flat, vascular nævus (port wine stain) this seems to offer the only satisfactory plan of treatment.

In the deep-seated vascular tumors of young children, I am in favor of extirpation with the knife, and restoration of the part by a plastic operation. I recall one case in a child of two years, however, in which two applications of the electrolysis in a vascular tumor of the lip resulted in very great improvement. It is a singular fact that in vascular growths the improvement after electrolysis continues, probably because a fibrous tissue new formation results, which becomes denser and contracts with age. I cannot explain otherwise the results obtained in some of my cases. A similar experience is recorded by Dr. Hardaway,* who caused the disappearance of a cicatricial keloid by electrolysis. The shrinking of the growth was slow and continued for a long time after the treatment had been suspended. I have noticed the same result after the electolytic puncture of hypertrophic scars.

Goitre.

As will be seen by reference to the table given on a preceding page, very favorable results have been obtained with electrolysis in the treatment of goitre. To the cases there recorded, Amory has added one cured by electrolytic puncture. Chvostek, who first used electrolysis in this disease, and who has had remarkable success with it, applies ordinary sponge electrodes to the skin over the tumor. He relies on the so-called catalytic action of the electric current. We are justified in believing that this action does not differ from that

*On the Treatment of Keloid and Hypertrophied Scars by Electrolysis. *Philadelphia Medical Times*, May 29, 1886.

in which needles are inserted into the parenchyma of the growth. In a case in which I used Chvostek's method the tumor had diminished somewhat after three sittings, but the patient then left the city for the summer and has not yet returned. I had a letter from her last week, in which she affirms her belief in the efficacy of the electrolysis and desires to resume the treatment on her return. I shall report fully upon this at another time.

Chvostek uses a battery of thirteen Siemens-Halske cells, passing the current in sittings of five minutes, changing the location of the electrodes every minute. He says that in successful cases the result is soon apparent. If no improvement follows after fifteen sittings the treatment need not be further pursued. Amory states that about sixty cases have been cured by electricity applied in various ways.

Urethral Stricture.

The brilliant success attained by Dr. F. N. Otis, the late Dr. Thomas R. Brown, of this city, Dr. C. M. Mastin, and many other surgeons in the treatment of urethral stricture by internal urethrotomy, has diverted attention from a method which, when used with judgment, is probably capable of yielding equally satisfactory results. Our knowledge of the conditions requisite for the successful treatment of stricture by electrolysis has been most advanced by Tripier and Newman. The last named has reported permanent cures in one hundred cases. Successes have also been reported by Belfield and others in this country, and P. J. Hayes, W. Bruce Clark, and W. E. Steavenson, of Eng'and. Doubts and depreciation come generally from those who have never tried it themselves. This was conspicuously manifest in the discussion before the Royal Medical and Chirurgical Society when Clark and Steavenson reported their cases. The almost absolute certainty of internal urethrotomy in curing strictures has restrained me from becoming an enthusiast in favor of electrolysis in this condition until my experience with the method is larger. I have at present only one case of stricture of large calibre to report in which a cutting operation was absolutely declined. Electrolysis in three sittings sufficed to remove the infiltration.

In electrolysis of stricture insulated sounds are used which terminate in an egg-shaped bulb.* The sound is connected with the negative pole and passed down to the stricture. A current of from five to fifteen cells is passed, the positive sponge electrode being applied to the thigh or held in the patient's hand. The constriction seems to melt away under the action of the current. Anæsthetics are not necessary as the operation is not painful. In my case, I injected a solution of cocaine into the urethra at the first sitting in order to quiet the patient's apprehension, as he was very nervous. Afterward no anæsthetic was used. The sittings can be repeated at intervals of two to four weeks. Only one electrode should be employed at a sitting.

Uterine Tumors and Pelvic Exudations.

In fibroid tumors of the uterus both electro-puncture (electrolysis) and electro-catalysis have been employed. Meniére, Apostoli, Franklin Martin, Engelmann and W. H. Baker have used electrolysis successfully in gynæcological practice. The method was under discussion at the recent meeting of the American Gynæcological Society in this city, but nothing very definite seems to have been elicited. I have no personal experience in this field; but should consider the electro-catalytic method specially applicable in chronic pelvic effusions and exudations (pelvic peritonitis and cellulitis).

The electrolytic method has been used in a number of other conditions, and many more in which it can be applied will suggest themselves to the thoughtful physician. I have here only attempted to indicate what is meant by electrolysis, how it is to be used, and what measure of success may be expected from its rational application. That its use must be controlled by good judgment and common sense goes without saying.

*See figure 5.

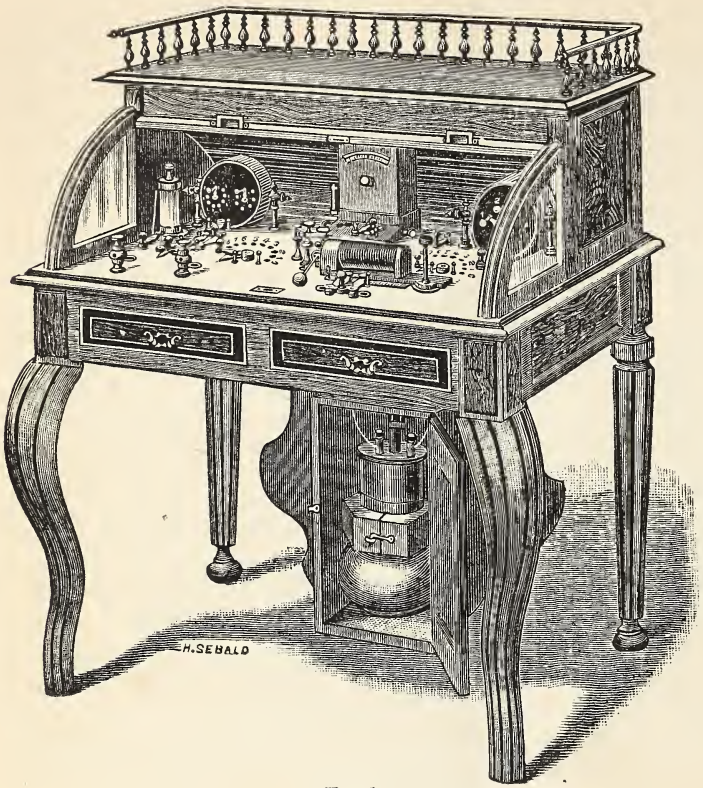

FIG. 1.

FIG. 5.

FIG. 2.

FIG. 3.

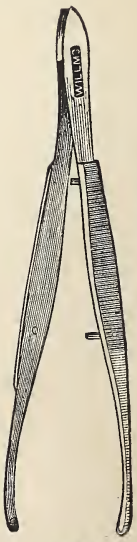

FIG. 4.

A PRELIMINARY REPORT ON ELECTROLYSIS; WITH SPECIAL REFERENCE TO ITS TRIAL IN INFLAMMATORY PRODUCTS IN THE FEMALE PELVIS.*

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During the past Spring the writer began a series of exact clinical observations upon electrolysis in the human body. The object was to determine: (1) the utility of the process at all; (2) the diseases in which it was applicable and useful; (3) the best methods of applying it with precision; (4) the current strength—*i. e.*, the greatest potency with the least pain and damage. The observations were intended to be entirely clinical, because (1) it was considered that the theory of electrolysis was sufficiently established without further experimental proof, and (2) it did not appear, after some reflection, how experiments on other tissues, or the other lower animals, would give us any facts which could not be as well observed in the diseased tissues of the human body. The first disappointment met with was the difficulty of obtaining a sufficient number and variety of clinical cases. This was, no doubt, due largely to the summer vacation, when all medical work in this city suffers a great hiatus. This will explain the fact that this paper is preliminary to a report which the writer hopes to make in the future, and to have as complete as possible; and must constitute an apology for trespassing upon your time with much less material than it was his intention to present. The cases presented below, if few in number, have at least been thoroughly observed. Dr. I. P. Willets gave much assistance in this work.

It may be well to remind you that electrolysis is the breaking up of a fluid, or substances held in solution, into its constituents, by the passage through it of an electric current. Thus, water is resolved into hydrogen and oxygen, as may be readily observed upon passing a mild current through a tumbler of this fluid. In compound fluids, or salts, the acids seek the positive while the alkaline bases go to the negative. The subsequent chemical actions of these acids and alkalies are just the same as would be the case if they were introduced without, and constitute the secondary actions of electrolysis. These changes are in exact quantitative relation to the strength and duration of the current—that is to say, with so much current-strength continued a certain time (or, technically, with so many *coulombs* of electricity), just so much hydrogen, oxygen, or whatever the simple atoms or compound radicle may be, will be liberated. In such a simple fluid as water the figures of this problem are exactly known, but in such a complex, organized series of tissues and fluids as exist in the human body (while doubtless the changes are just as constant and according to the law), the figures are not known and may never be. It is, of course, understood that the galvanic current is here referred to, as induction-currents are without practical electrolytic effects. In addition to these true electrolytic effects there are other effects, both physical and physiological, which are important to be understood. First of these in importance is the so-called "electrical osmosis," formerly called the cataphoric action of electricity. Dr. Amory in his recent work on Electrolysis, lays great stress upon this action. When an electric current is passed through two fluids separated by a porous septum the fluid itself will pass in the same direction as the current, *i. e.*, from the positive to the negative. This is demonstrated outside of the human body. Dr. Amory speculates that thus nutrition is affected, the parts being literally robbed of their pabulum by the osmosis, or flow, of nutrient fluids toward the negative pole. But, theory aside, we have an array of clinical facts—fortunately accumulating—that there is a decided resolvent action in the electric current, both upon normal and abnormal tissue. This may, or may not, be strictly according to the known facts of electrolysis or osmosis.

*Read before the Philadelphia County Medical Society, October 27th, 1886.

It is probably partly because of them, and partly because of other factors regulating the vascularity and nutrition of the parts, which are but little understood. The chief observers of exact facts have been Cinicelli, who sudied aneurisms; Dixon Mann, who studied the quality and quantity of clots formed in blood by an electric current; Duncan, who has cured many cases of nævus by galvano-puncture;and Fox and Hardaway who have removed supernumerary hairs by the current. In addition, we have Newman and Bruce Clark, who report, especially the latter, such candid and exact details of electrolysis in the cure of stricture, that we are scarcely permitted to doubt; Mundé, who emphatically and without sufficient detail, reports success in inflammatory products in the female pelvis; Engelmann, who has removed a uterine fibroid with very stong currents; Kelsey, who has cured hemorrhoids, and Reeve, who uses electricity as a reliable emmenagogue.

Conditions of Observation. — The series of cases upon which this paper is based was chosen because of the comparative ease of observation (most of the phenomena being readily accessible), and, also, because of the importance and general prevalence of inflammatory, vascular, neuralgic and functional lesions in these parts. These cases all had a history of cellulitis, followed, probably, by the state of relaxed circulation so well described by Emmet, and characterized still further by neuralgic pains in the loins, abdomen, ovaries and limbs, while the menstrual epoch was usually deranged—dysmenorrhœa being especially prevalent, with leucorrhœal discharge in the interim. Touch revealed in all these cases more or less fibro-plastic deposit, causing pain on pressure and more or less fixation of the womb. The *disadvantages* of this series of cases were, chiefly, that the application of of electricity had to be made through mucous membrane (which, undoubtedly must diffuse some of the current to surrounding parts) that some of the most urgent symptoms were subjective(and,therefore, not always reliable guides), and, finally, that the vascular condition would vary from day to day or week to week, and tend to confuse the observation of the permanent effects, if any, upon the adventitious products.

The Method.—The patients were put in the dorsal position, and, first, the negative electrode was introduced into the vagina and well against the point of apparent greatest deposit. This negative electrode was at first cylindrical in form, about 1½ inches long and ½ of an inch in diameter, nickel plated and fastened upon a flexible insulated stem about 8 inches long. The nickel-plated end was covered with absorbent cotton thoroughly soaked in warm water. Later, the cylindrical form was substituted by a smaller olive-shaped electrode also nickel plated and covered with absorbent cotton; this was done in order to concentrate the current more effectually. The circuit was completed by applying a large flat sponge positive electrode to the abdomen. The position of this electrode was changed at times, according to circumstances; where there was much ovarian pain, it was put over the ovary; where there was lumbar pain, over the lumbar region, etc. The polarity was never changed. The cells used were the blue-stone cell,known as the Siemens-Holske modification of the Daniel. The number of cells was not usually noted in the reports, as the current strength was taken entirely by a galvanometer, which was kept in circuit as desired. This galvanometer was made by Flemming, and was guaranteed by him to be an accurate clinical instrument. It is vertical, graduated in milliamperes, and pattened, in the main, after the Hirschmann instrument. The lowest strength used in these cases was 6 milliamperes, the greatest strength was 24 milliamperes. These extremes were used only occasionally—the greatest strength in fact, but once, and then inadvertently and with the effect of cauterizing the mucous membrane. The average strength used was about 14 milliamperes. The duration of treatment was almost invariably 10 minutes; in some exceptional instances the treatment was continued to 15 minutes. The vaginal electrode was occasionally shifted about

or passed, firmly pressed upon the mucous membrane, from one side of the vagina to the other. The *immediate* effects of these applications upon the patients were almost *nil*. No complaints were made of pain, except by one patient in whom there existed almost a vaginismus, and who suffered from the introduction of the instrument rather than from the current. Even in the instance when the mucous membrane was destroyed by a too powerful current, no complaint was made of pain, and, in fact, the accident was not discovered until the following day.

These cases were kindly sent by Dr. Wm. L. Taylor, from the Gynæcological Dispensary of the University Hospital, and the treatment was conducted in the Nervous Dispensary.

Case I.—C. S., 46, married; three children, youngest twenty years. Complains of metrorrhagia. Treatment: Feb. 23d, 1884. Slight dilation of cervix, and endometrium curetted, with removal of granulations. Ergot, etc.

August 20th, 1885. Returns, complaining of "cramps in bowels." Some congestion of uterus with slight tenderness on pressure.

April 20th, 1886. Returns after attack of peritonitis (cause unknown); was sick for a couple of weeks. Touch: Cervix undergoing absorption; fundus anteflexed and fixed; tenderness and enlargement posteriorly and to left of body.

April 24th. Treatment was begun in the manner related above, and continued with two applications per week. The greatest current strength attained was 16 milliamperes, from thirty cells (which were not at their best at that time). There were twenty-two applications in all. After five applications, the patient reported that she was menstruating, the first catamenial show in eight months. After eight applications, the patient reported, and continued to report her subjective symptoms much improved, *i. e.*, the neuralgic and bearing-down sensations. After the ninth application, Dr. Taylor made a careful examination, and found that actual absorption had taken place, and that the uterus was more movable. This absorption was confirmed by another careful examination made after the twelfth application. The only set-back was caused by the patient doing some heavy domestic labor after the fifteenth application. This was one of the most successful cases treated. Until the last application, however, there was some complaint of pain. Treatment was suspended by patient leaving the city.

Case II.—A. S., 31, married; sterile; puberty at seventeen. Always had inward weakness, with dysmenorrhœa, since puberty. One year ago she had an attack of inflammation. Since then she has had bloody leucorrhœa, severe pain in each ovarian region, and in hypogastrium particularly; sense of great weight and bearing down. Touch: Uterus firmly fixed by inflammatory lymph; fundus anteflexed; mass extremely tender. Treatment began in same manner and frequency as in the preceding case. The external electrode—large sponge anode—was frequently applied over the lumbar region in this patient, because lumbar pains were among her most distressing symptoms. This patient has had, to this date, twenty-one applications, averaging about 14 milliamperes, continued ten minutes. After four applications, Dr. Taylor reported her condition unchanged. After six applications, the patient said she was much relieved of pain in her back. After eight applications, she had a menstrual flow, which was more free and less painful at the commencement, but became as painful as ever toward the close. The usual cramp-like pains were not as bad as before treatment. After ten applications, Dr. Taylor made another examination, and reported slight improvement, *i. e.*, the parts were more pliant and less painful. After the twelfth application she had a severe dysenteric attack, with much abdominal pain, which left the left ovary tender and sore. We note evidence of much thickening between cervix and left vaginal wall. The patient, of her own accord absented herself for about one month at this time. When she came back, she reported that her disagreeable subjective symptoms, pain and

bearing down, had returned during the suspension of treatment. After the fifteenth application, she had apparently suffered from an acute, circumscribed peritonitis (or cellulitis), which caused some increase of deposit. She still said, however, that she had less pain. At the sixteenth application, a much stronger current was passed than formerly. This was due to the fact that our cells had been overhauled and supplied with new zincs, thus increasing their electromotive force, and to the omission to observe with due care the record of the galvanometer. We had, moreover, no rule by which to limit current strength, so that when we discovered the increase (24 milliampères), it was purposely continued for some minutes. The patient made no complaint of pain at the time, but presented herself next day with the remark that she thought "something was wrong." Examination then revealed a place, the size of a half-dollar, upon which the mucous membrane had been destroyed, leaving a sloughing, ulcerated, depressed wound. Treatment was suspended, and after a week the patient had entirely recovered without any untoward symptoms. This patient continues under treatment. There has not been as much improvement in her condition as in the former case, if we regard the absorption of lymph. There has been decided improvement in her symptoms of pain.

Case III.—L. M., æt. 29, married; one child, seven years. Four years ago had an attack of cellulitis lasting six weeks. Since then has had aching in back and limbs, pain in hypogastrium—worse at menstrual periods; menses regular in time and last one week; leucorrhœa; vertical pain. Touch: Cervix low down. Fundus anterior and fixed. Deposit of lymph posterior to uterus.

April 24th. Treatment begun as in former cases. This patient had a total of seventeen applications. The current strength on some occasions was allowed to run up to eighteen milliamperes; the average used, however, was about fourteen. The number of cells required for this strength would vary from twenty-five to thirty; but these cells at this time were not in their greatest activity. After four applications Dr. Taylor reported actual condition unchanged. There was ovarian tenderness; on this account the anode was usually applied over the left ovary. The history of this case can be briefly summed up as one of continued improvement. Neuralgic pains, especially, yielded, even more than the deposits, but toward the last it was very evident to touch that the parts were softer and more pliant. The patient finally said that she "had not a pain or an ache," and discontinued treatment of her own accord. My impression is, that this case was not as bad a one from the start as any of the others here reported.

Case IV.—C. B., æt. 28; married 8 years; puberty at 14; always had severe dysmenorrhœa. This has been increasing in severity. Four or five years ago had an attack of pelvic cellulitis. Since then has had sharp pain in region of right ovary, pressure on bladder, and sensation of weight in pelvis. Touch: Cervix of uterus low down in hollow of sacrum; fundus acutely anteflexed. In each ovarian region there is great tenderness, with deposit of lymph; also posterior to uterus (which is firmly fixed) there is a deposit, larger, to the left.

April 24th, 1886. Treatment commenced as in other cases. There have been to date, twenty-eight applications. This patient has been much more sensitive than the others. She has a condition approaching to vaginismus, the whole vaginal tract appearing to be hypersensitive. In consequence, an average less current strength has been used than in the others; this average would be about thirteen milliamperes. After three applications, had a menstrual flow more painful than usual. Changes in this case were slow and mainly in the direction of less pain and sensitiveness. After 13 applications she said that she always suffered some pain after each treatment, which pain lasted several hours, but was not severe enough to be a serious matter. There were, no doubt, some hysterical symptoms in this patient. Her menstrual periods continued very painful for a long time, and she insisted that she

always had a febrile reaction with them. After thirteen applications, the evidence of cellulitic deposit still existed. After twenty-four applications, Dr. Taylor examined patient, and said that the deposits were much softened and almost gone. He considered patient much improved. This patient is still under treatment. She still has painful periods, but has much less vaginal and ovarian sensitiveness than formerly. This case was more obstinate and discouraging at first than any of the others, but can be claimed, at last, to have yielded to treat ment. The evidence of absorption of deposits in this case seems to me to be beyond dispute.

Conclusions and Inferences.—The great objection, in my mind, to the theory of true electrolysis in these cases is the resistance of the mucuous membrane and the diffusion of the current; in other words, the weakening and loss of current strength before it actually reaches the neoplasm. This objection does not hold when galvano-puncture is used, as in aneurism and the cure of moles and nævi; also in the removal of hairs, or in subcutaneous treatment of goitre, as the writer has himself practiced it. But in strictures of the male urethra, and in these cases of cellulitic deposit in the female pelvis, I do not see how galvano-puncture could be well practiced, certainly not safely in the great majority of cases. However, in the light of clinical results, we are justi fied in continuing a procedure even if it does not harmonize with some theoretical data. I have always insisted upon the necessity of measuring the current strength, if we design to place our observations on as scientific a basis as possible, and as far removed from the haphazard empiricism which is too characteristic of electro-therapeutics. Without a galvanometer serious damage might have been done in Case II. Without it, moreover, the operator is exposed to a number of other accidents, and, in fact, can never know what he is about. The patients' feelings in these cases were no gauge. I have known the current to be broken by the slipping out of the cord at the binding post, or interrupted by inadvertently turning it through a rheostat. But the most common cause of error is the varying resistance of the human body, and the difference in this respect, of one patient from another. This is illustrated in the above cases, as follows: On the same day the current from a certain number of cells gave but 6 milliamperes in C. B., but gave 14 in A. S. This great difference I was unable to explain, but quite able to overcome. Finally, I have often thought that there might be some analogy between the action of galvanism, under these circumstances, and counter-irritation. Any one who has felt the persistent soreness produced on the skin of the back of the hand by a strong current, with a tendency to desquamation, or even vesication, could readily believe in this resemblance. We have no very good explanation how counter-irritation acts, but still we use it successfully to promote absorption under a great variety of conditions. It seems possible that a strong current (and these currents were as strong as could be well borne) might produce counter-irritation upon the vaginal mucous membrane and promote absorption of inflammatory products within.

The procedure in intra-vaginal galvanism is, no doubt, open to the objection of being tedious, and requiring frequent repetition, which is, in a measure, compensated by its being painless and less disagreeable to the patient than some other methods of treatment; while it seems to offer more relief to some of the symptoms than other plans. Among the special effects noted in these cases was the promotion of menstruation. The current-strength used did not tend to reexcite inflammation except in Case II, in which case, however, the evidence was not entirely conclusive.

The late doctor James G. Wakley, editor of *The Lancet*, gave five thousand dollars on two occasions to the hospitals. It is, we believe, a very exceptional thing for medical men to contribute large sums to the hospitals, and Dr. Wakley's example is the more noteworthy on this account.—*Med. Record.*

Society Reports.

THE BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING, OCTOBER 19, 1886.

SUDDEN FAILURE OF HEART ACTION THE RESULT OF DIMINUTION OF ATMOSPHERIC PRESSURE.

Dr. Frank Donaldson, Jr. referred to a case of sudden failure of heart action that he had recently seen. The cardiac depression was apparently the result of the diminution in atmospheric pressure that the patient experienced while in a high altitude.

The same sudden heart failure, he observed, is seen as a result of rarefaction of the air in the Pneumatic Cabinet. The approach of the heart failure is indicated by a gradually weakening and irregular action of the pulse.

He thinks the cardiac failure due to a diminution of pressure *upon* the heart, while at the same time the pressure *within* the heart remains the same.

Dr. S. C. Chew has never had his attention called to just to such a case, but thinks Dr. Donaldson's explanation a very probable one. He thinks the irregular and tumultuous action of the heart due to a lessened pressure upon the body generally, thus allowing of a universal dilatation of the capillaries.

Dr. F. Donaldson, Jr. said that cases of the same nature as the one referred to by him had been seen by other observers—Loomis records 48 of them. Solly has seen a number of these cases in high altitudes many of whom had never experienced a preëxisting cardiac disturbance previous to their going to these elevations.

SHOCK CONSEQUENT UPON SURGICAL OPERATIONS.

Dr. J. J. Chisolm said, at the last meeting attention had been called to the small amount of shock consequent upon surgical operations upon young children. In his experience old persons stand them as well.

A CASE OF PLEURISY.

Dr. Henry M. Wilson said he had been in attendance upon a lady for about six weeks or two months. She was very carefully nursed by her sister during this time. One day she called his attention to a slight dyspnœa, and referred to a slight pain in the side, only lasting for a few minutes, that she had felt a few nights previous. Upon examination he found the pleura on that side in a state of inflammation, with its cavity filled with fluid and the heart in consequence displaced. Thought it singular that so extensive an inflammation should have been in progress with so few outward symptoms.

Dr. S. C. Chew said often a less extensive inflammation in this locality gave rise to much more pronounced symptoms than where the process is more extensive. He related a case in his own practice similar in general to that of Dr. Wilson. It was in a man, and his pleural cavity became filled with fluid before he was aware of the existence of any trouble whatever, of a serious nature.

PERITONITIS DUE TO PERFORATION OF VERMIFORM APPENDIX.

Dr. Henry M. Wilson referred to a patient, a man, æt. 27 years, whom he had seen. He found him complaining of a not very severe pain over the abdomen. The next morning he was sent for hurriedly and found his patient in collapse from which he aroused him only with the greatest difficulty. The pain continued without being lessened. He diagnosed peritonitis. The man had had during the previous summer moderate pains over the abdomen at different times. Two weeks after having first seen his patient he died.

Autopsy revealed a swelling containing fluid over the left inguinal ring. It was aspirated and about three pints of fetid pus escaped. Within the abdominal cavity there was a massing together, by means of a fibrous exudation, of the omentum and intestines in such away as to form, so to speak a second diaphragm, di-

viding the cavity into two distinct parts. The pelvic portion was filled with pus.

The vermiform appendix was perforated, and in the most dependent portion of the pelvic cavity there was found a hard mass of fecal matter about the size of a minie-ball. This mass was without a nucleus, as was shown by section made at a later date. He thinks perforation took place at the time of the extreme collapse to which he referred. He referred to a peculiar pain in the penis that lasted for about half a day, as one of the most prominent symptoms.

INTUBATION OF THE LARYNX.

Dr. F. Donaldson, Jr. recently intubated the larynx of a child with membranous croup. There was apparently a temporary benefit, but the child died in about eight hours.

Dr. S. C. Chew who had seen Dr. Donaldson's patient, was yesterday called in consultation to see another child suffering from the same trouble, but in a much more precarious condition. The parents of the child refused to permit any operative procedure. Though he has not seen the patient since he imagines it must be dead. Does not think tracheotomy or intubation of the larynx would have done any good, as the obstruction was less in the larynx than farther down in in the trachea.

ASTIGMATISM IN TWINS.

Dr. J. J. Chisolm has recently seen two cases of interest—two men, twins, æt. 19 years—each suffering from the same degree of astigmatism and of the same angles.

Two girls, twins, æt. 12 years, each, likewise suffering from the same degree of irregular astigmatism and the same angles.

THE INFLUENCE OF REMOVAL OF ONE OVARY UPON THE SEX OF SUBSEQUENT CHILDREN.

Dr. S. C. Chew spoke of a young lady from whom one of her ovaries has been removed. As she is about to be married, it will be of interest to note the effect upon the sex of her children.

Dr. B. B. Browne said the theory of removal of an ovary affecting the sex of the subsequent children he thought pretty well abandoned, because of women with but a single ovary having given birth to children of different sexes.

Dr. J. J. Chisolm referred to a case of

POISONING BY COCAINE.

One year ago he operated upon a man for glaucoma. Recently while on his way up the bay the man caught cold and in consequence, there was a conjunctivitis set up. He applied to the inflamed conjunctiva a 5 per cent. solution of nitrate of silver after first having anæsthetized the eye with cocaine In half an hour, sight was reduced in that eye to such an extent that he barely had perception to light. The man had, in consequence of the instillation of cocaine, an acute traumatic glaucoma.

Eserene was applied to the affected organ, with the result of counteracting the action of the cocaine, and in less than three hours its action was apparent and in five hours sight in that eye was completely restored.

He thinks, had eserene not been applied a destructive glaucoma would most certainly have set up. This is the first case of the kind he has seen.

Dr. B. B. Browne has used cocaine with good effect in the vomiting of pregnancy. He administers 10 gtt. of a 2 per cent.

Dr. H. P. C. Wilson exhibited

A NOVEL FORM OF CLINICAL THERMOMETER

that he had recently purchased in London. It is encased in a locket and can be worn upon the watch chain. It, however, possesses the great disadvantage of not being self registering.

Dr. Joseph G. Richardson, professor of hygiene in the University of Pennsylvania, and a member of the board of health of Philadelphia, died suddenly (November 13) from an affection of the heart.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, NOVEMBER 20, 1886.

Editorial.

SHALL WE HAVE A LAW TO REGULATE THE PRACTICE OF MEDICINE IN MARYLAND?—This question has been more than once propounded in this JOURNAL. Its solution is now as much a matter of speculation as when first proposed. An attempt was made by a committee appointed by the Medical and Chirurgical Faculty of Maryland to secure the passage of a law at the last meeting of the Legislature. In our issue of March 13th last, we fully explained the position of the Faculty in respect to this proposed bill. It was foreshadowed then that the State Faculty would not move successfully in this matter. The Faculty was divided upon the features of the bill, and we believed then, as we believe now, that any law emanating from this body would fail in its passage before the General Assembly of Maryland. After the withdrawal of the bill offered by the committee of the Faculty this matter of medical legislation was dropped for the time being.

The President of the Faculty, Dr. J. R. Quinan, was not content to let the wants of the profession remain quiescant, but, with that zeal and patience which have characterized all of his labors, began to investigate the chartered rights of the Faculty, with respect to its authority to regulate the practice of medicine in this State. In his annual address before the Faculty, President Quinan summed up the legal status of the Faculty's charter, and expressed the opinion that the Faculty was now in the full possession of legal authority to regulate the practice of medicine under its Board of Examiners. Although the charter under which the Faculty had for many years performed the functions of a governing medical body in this State, had for some thirty or forty odd years been inoperative, President Quinan argued that these chartered rights were now legal and should be revived and enforced. This opinion was reached after a patient investigation of the subject and after careful legal advice. The recommendations presented by President Quinan were referred to a committee, which committee was instructed to investigate the validity of the Faculty's charter and to report their conclusions to the Faculty. After a careful investigation of the subject, the committee requested the Faculty to accept the following resolutions:

"1.—*Be it Resolved*, That this Faculty, in obedience to the law, take immediate steps to enforce the penalties provided in the 6th section of its charter, against any ignorant pretenders and practitioners of medicine, who, without even the shadow of authority from a diploma of any Medical Institution, are plying their illegal and nefarious trade in this city and State, at the cost of the means, safety and lives of its citizens.

2.—*Resolved*, That all practising physicians in Maryland, holding diplomas from "Respectable Medical Colleges," be required to furnish the Boards of Examiners of this Faculty with satisfactory proof thereof, either by the production of the diplomas, or the sworn statement of the possession of such diplomas, giving the name of the institution, the year of graduation, and that the affiant is the *bone-fide* holder of the instrument, and the party to whom it was originally issued, and accompanying such proof, if a member of the Faculty, by a fee of $1, and if not a member, by a fee of $10, for the purpose of obtaining license to practice medicine and surgery in this State; the said fee of $10 to be returned in case of the rejection of the application. Those failing to comply within three months after public notice, to be indicted under the law, and those paying the license fee of $10, to be credited with that amount on their annual dues, if subsequently elected a member of this Faculty.

3.—*Resolved*, That this Faculty invite the Druggists of Baltimore to appoint delegates to meet a committee of its own body, in joint convention, at as early a date as practicable, to receive and consider a statement of abuses by which the medical profession of this city feels itself aggrieved, whose decisions shall be referred to this Faculty, and to the parties ap-

pointing the Pharmaceutical Delegates, for final approval and confirmation.

4.—*Resolved*, That the President be authorized to appoint a committee of five members of this Faculty to carry out the object of the 3rd resolution, and report the result to this Faculty.

5.—*Resolved*, That the Secretary be instructed to publish monthly for three successive months, in one or more papers in this city, and in at least one paper in each of the several counties of this State, the "Preamble" and "Resolutions" hereby adopted by this Faculty, (excluding that in relation to Druggists) giving with such notice the names and addresses of the members of the Boards of Examiners on the Eastern and Western shores of Maryland."

At a meeting of the Faculty held November 15th, to consider the above resolutions, a resolution was offered to the effect that it was inexpedient for the Faculty to take steps at this time looking to the enforcement of these resolutions. After a lengthy discussion this resolution was voted down by a close majority. The opinion was freely expressed that even if the Faculty possessed the right to regulate the practice of medicine under its charter that it was unjust and inexpedient for this body to enforce a law enacted many years ago, for many years inoperative, and so defective in many of its features as to fall short of the needs of the profession at this day. The advocates of the resolutions of course dissented from the above proposition and claimed for the Faculty the authority to enforce the penalties provided in the 6th Section of its Charter. The division of sentiment upon this subject resulted in the adoption of the following resolution.

Resolved, That the Board of Examiners be requested to lay the Charter of the Medical and Chirurgical Faculty before the Attorney General of the State and obtain his opinion as to the feasibility of its execution and to report to this Faculty at the earliest possible date.

The passage of this resolution is tantamount to the conclusion that it is inexpedient for the Faculty as such to take further steps looking to the regulation of medical practice in this State. In other words if the profession in the State desires to secure the enactment of a law to regulate the practice of medicine in Maryland, it must look to some other body than the State Faculty to obtain the object in view. We are fully satisfied that it will not be possible for the Faculty to revive the functions of its charter, as proposed by President Quinan and by the committee, nor do we believe that a law which will meet the demands of the profession will obtain the moral support of the Faculty. Under the circumstances as they now appear it is, in our opinion, the duty of the Faculty to drop this entire subject and to allow some other body to make the effort. It may be said with eminent propriety that the Faculty is a scientific body and as such has gone beyond its functions in an attempt to legislate for the entire profession of the State. It has an ancient and honorable record, and its value to the profession should not be tarnished by its interferference with questions which will almost certainly involve its membership in dis agreement and rupture. We suggest that the subject as emanating from the Faculty be dropped and that as individual members of the profession we should look elsewhere for assistance and for deliverance from the evils we bear. If we look to neighboring States a lesson may be learned which will assist in the solution of the problem now under discussion at home. In Illinois, in West Virginia, in Missouri, and in several other States the duty of protecting the profession and the public against ignorant pretenders and practitioners of medicine has devolved upon the State Board of Health, the members of which are public officers and employed by the State to protect the public health. In the States mentioned these Boards of Health have secured the passage of suitable laws and have so enforced them as to relieve the profession and the public from the evils complained of in this State. We have in this State a legally constituted Board of Health in active and successful operation. If this matter is delegated to this body we believe that it will receive prompt, earnest, and efficient attention and that our next General Assembly will provide this Board with the proper legal authority to regulate the practice of medicine in the State. We have con-

sulted several members of the State Board of Health upon this subject and we have their assurance that if the matter is placed in their hands by the profession it will be faithfully attended to. Let us then look in the right direction for legal protection and by harmonious and concerted action secure the coöperation of a body of State Officials which is charged with the important duty of protecting the public welfare in all matters which concern the health of the people.

The Philadelphia County Medical Society Opposed to Female Doctors.—The Philadelphia County Medical Society enjoys the distinction of being one of the largest and most thoroughly organized of any of the local medical societies of this country. It has a membership of over four hundred, and publishes an annual volume of transactions which would do credit to any State medical society. The society is liberal, scientific, and progressive in all of its work, but in one thing it has made a record for conservatism which is not in accord with its liberal tendencies in other directions. For several years the female practitioners of Philadelphia have knocked vigorously upon the door of the County Society for admission to membership. Their knock has not been heard, for whenever these candidates of the gentle sex come up for admission they are promptly rejected, and are not allowed to present their appeals until the next annual meeting. In this way the practitioners of the female sex are rebuffed by their associates of the County Society. But from the heroic persistency with which the female practitioner continues her assault upon the fortress of conservatism which guards the membership of the Society, it must finally yield to her persuasiveness.

Bi-Chloride of Mercury in Typhoid Fever.—M. Greifenberger, writing in the *Berliner Klinische Wochenschrift*, recommends the use of the bi-chloride of mercury in the treatment of typhoid fever as a substitute for calomel on account of its antiseptic property, and with a view of avoiding the too active purgation followed by hemorrhage, which is one of the risks due to the use of calomel. The dose employed is from one-twentieth to one-thirtieth of a grain. He suggests that digitalis or morphine may be added to the bi-chloride solution if indicated. Greifenberger has never observed any unpleasant results from the use of the bi-chloride, and of forty cases treated after this method not one proved fatal. These results, compared with the usual treatment of typhoid by the expectant plan, argue strongly in favor of the bi-chloride treatment. The method seems to commend itself to professional consideration, and is worthy of careful trial.

Miscellany.

Diphtheria: Its Treatment. James Merces, M.R.C.S., L.R.C.P., Lond., says in the *Lancet* (Oct. 30th, 1886), "At a time when so much is being written about outbreaks of diptheria in the south, with its undue severity, it will be interesting to know the health in other parts of the metropolis. During the past twelve months it has been my share to treat no less than thirteen cases of diphtheria, with one death. No originality is claimed in the plan adopted by me, though it may somewhat startle a few at the large and frequent doses of certain drugs ordered. Briefly, my cases were treated, with the exception of very young children, by (1) internal treatment, (2) by emetics, (3) by gargles, and (4) hygienically.

1. Where the depression is marked, though there may only be the slightest indication of a certain questionable grey slough, with a moderate amount of elevation of temperature and glandular enlargement, a mixture (preceded by a gentle aperient) of the following should be ordered: solution of perchloride of iron, six drachms; dilute nitric acid, two drachms; glycerine, one ounce; water to six ounces; an ounce to be taken every two hours. After the lapse of a few hours patches may be noticed extending in certain directions, while the original patch or patches will appear

somewhat shrivelled, the temperature and glandular enlargements probably increasing.

2. An emetic may now be used. Apomorphia acts in these cases most satisfactorily, from three to five minims promptly producing emesis in from one to three minutes. If now the ejected contents be examined portions of slough may be detected. The patient, though rather prostrate, will be much relieved of urgent dyspnœa. It is rarely necessary to repeat the apomorphia. The iron mixture is to be continued every second hour.

3. If the patient be intelligent and able to use a gargle, the following will be found most beneficial, establishing a healthy condition to the surface from those portions of the fauces and tonsils where the patches have been recently bared of membrane in the efforts of sickness produced by the apomorphia. The gargle should be made in this fashion: In a six ounce bottle place a drachm of chlorate of potash, add to it half a drachm of pure hydrochloric acid, and while the nacent chlorine gas is being generated fill the bottle with water, and direct that an ounce of the gargle should be used (the head being well thrown back) every third hour.

4. The patient's strength should be maintained by small and frequent quantities of milk and clear beef-tea, unflavored with pepper, salt, &c. Alcohol is urgently demanded, and may be given with a free hand and much benefit should prostration be marked. It is absolutely imperative that the temperature should be uniform—say, 70° F., with a current of fresh air."

Collodion in Variolous Eruptions—At a recent meeting of the Société des Hopitaux, M. Comby stated that the different local remedies which have from time to time been recommended for arresting the variolic eruption, have all in their turn been rejected as dangerous. He mentioned the following case as an example: A female patient entered the St. Louis Hospital with smallpox. Her face was covered with collodion. Papulæ appeared on the trunk and limbs; the face seemed to be free from eruption. On April 11, papules appeared on the upper lip and raised the collodion. The eruption spread entirely over the face, and showed through the covering of collodion. The patient suffered intolerable agony. An attempt was made to remove the collodion, but the patient suffered such pain that it had to be given up. The portion of collodion that was separated from the face left the derma exposed to the air. The eruption, which was discrete, semiconfluent, extended to the limbs; and the face was transformed into a running wound most offensive in its odor. The temperature rose to 39.4° Cent. (102.3° Fahr). On April 15, the patient became delirious, and died. M. Comby considers that the patient died from the same morbid process that kills patients with serious burns. At the necropsy, all the viscera were found to be healthy. If the patient had not died, she would have been terribly disfigured by buccal or palpebral atresia.—*British Medical Journal.*

Galvano-Cautery in Procidentia Uteri.—Dr. John Byrne, of Brooklyn, has been treating procidentia with the cautery, and he finds the method preferable to others in most instances. His operation consists in drawing the uterus down and encircling the cervix with the wire loop just below the reflection of the membrane forming the vaginal vault. A groove about a quarter of an inch deep is then made, and glycerole of tannin tampons applied. In cases reported he claims that in two or three weeks after operating no reasonable force will depress the womb. The health in all instances was perfect thereafter, and menstruation normal and free from pain or inconvenience.—*Med. Times.*

Medical Items.

Dr. W. H. P. Post, a son of the late Dr. Alfred C. Post, died a few days ago after a lingering illness.

A recent medical writer suggests that the taste of iodide of potash may be corrected by dissolving it in carbonated water,

Dr. Julius F. Miner, a well known surgeon of Western New York, died at his home in Buffalo, on November 5th, at the age of 63 years.

The *British Medical Journal* announces the death of Lady Wilson, widow of the late Sir Erasmus Wilson. By her decease the College of Physicians of England becomes entitled to the legacy of £200,000 left by Sir Erasmus.

Among the honorary degrees conferred by the Harvard University at the recent anniversary was the degree of LL.D., conferred upon the distinguished anatomist, Prof. Joseph Leidy, of the University of Pennsylvania.

The Medical Society of Virginia has appointed a committee to prepare a bill for presentation to the General Assembly of Virginia, urging upon this body the importance of providing for the maintenance of a State General Hospital.

In Holland, says the *Medical News*, ladies are gradually usurping the occupations of the pharmaceutical assistants. Out of a total of 55 candidates, 19 out of 31 females, and only 8 out of 24 male candidates were successful in the recent State examination.

Dr. Bedford Brown, of Alexandria, has been elected President of the Medical Society of Virginia for the current year. Dr. Brown is one of the most favorably known physicians in his State and has well merited the honor conferred upon him by the State Society.

Dr. D. G. Brinton, the well-known editor of the *Medical and Surgical Reporter*, of Philadelphia, has been elected Professor of American Archæology and Linguistics in the University of Pennsylvania. Dr. Brinton has written a number of valuable works upon aboriginal American languages and is also the author of several medical works which have had large circulation.

The recent session of the Medical Society of Virginia was a great success. Our enterprising contemporary *The Virginia Medical Monthly*, for November, publishes a full report of the proceedings which conclusively proves that the profession in the "Old Dominion" are fully alive to their professional interests and are harmoniously working to build up a strong and influential body of scientific workers in their State.

Dr. B. W. Allen, professor of anatomy and hygiene in the University of West Virginia at Morgantown, W. Va., died on Nov. 12th, after a long illness of rheumatism and other complications. He was a native of Warrenton, Va. He served as a surgeon in the Confederate army, and subsequently devoted himself to the practice of medicine at Wheeling, W. Va., where he attained high rank as a leading physician. A few years ago he accepted the chair of anatomy and hygiene in the University of West Virginia, and has since resided there.

All the doctors who practice medicine without diplomas are invited to attend a convention at Des Moines, Io., on November 26. A large attendance from the State of Maryland is especially requested. Non-graduates will please take notice and hand this invitation to their associates. Among the subjects to be discussed will be the following, "How can the public be protected against ignorant M.D.'s?" "How can we compel State Boards of Health to recognize our eminent fitness to practice medicine without diplomas?" "Which is most entitled to public confidence the ignorant doctor with a bogus M.D., or the experienced self-made doctor without M. D.?" "How can we elevate the standard of our noble profession?" "We demand fair-play. Examinations not diplomas we recognize as the standard of qualification to practice medicine."

A story is told by a French paper of Baron von Humboldt, who, during one of his visits to Paris, expressed to his friend, Dr. Blanche, the distinguished authority on matters concerning insanity, a desire to meet one of his patients.

"Nothing easier" said Dr. Blanche. "Come and take dinner with me to-morrow."

Next day Humboldt found himself seated at the dinner-table of the famous alienist, in company with two unknown guests. One of them, who dressed in black, with white cravat, gold-bowed spectacles, and who had a smooth face and very bald head, sat with great gravity through the entire dinner. He was evidently a gentleman of undoubted manners but very taciturn. He bowed, ate, and said not a word.

The other guest, on the contrary, wore a great shock of hair brushed wildly into the air; his shabby blue coat was buttoned askew, his collar was rumpled, and the ends of his crazy necktie floated over his shoulders. He helped himself, ate and chatted at the same time.

Story upon story did this incoherent person pile up. He mixed the past with the present, flew from Swedenborg to Fourier, from Cleopatra to Jenny Lind, from Archimedes to Lamartine, and talked politics and literature in the same breath.

At the dessert Humboldt leaned over and whispered in his host's ear, glancing at the same time at the fantastic personage, whose discourse was still running on.

"I am very much obliged to you. Your maniac has greatly amused me."

"My maniac!" said the doctor, starting back. "Why, that isn't the lunatic! It's the other one."

"What! The one who hasn't said a word?"

"Certainly."

"But who in the world can the man be who has talked in this fashion all the while?"

"That is Balzac, the famous novelist."—*Boston Med. and Surg. Jour.*

Original Articles.

PRISON PHYSICIANS, THEIR DUTIES AND INFLUENCE*

BY JOHN MORRIS, M.D., OF BALTIMORE.

Sunt verba et voces, quibus hunc lenire dolorem
Possis et magnam morbi deponere partem.
HORACE.

The physician is the natural adviser of the poor, says Virchow; he is not only the natural adviser of the poor but of the unfortunate everywhere. In no relation of life, if he is a humane and educated man, can he render more aid and comfort to his fellow men than in the position of a prison physician. The nature of his calling, the character of his studies, his peculiar mental training, all give him the advantage over other men in dealing with mankind. The smallest degree of reflection will convince anyone of the truth of this observation. When it is borne in mind how intimately associated is the material structure of our frames with all those characteristics of men and women which we call mental, moral or religious, it is obvious how much deeper and clearer must be the insight into human nature of one who has a profound knowledge of the sources from which many of these characteristics spring. How intimately states of health, forms of disease, or inherited temperaments affect the mental and moral qualities every educated medical man knows, but how frequently do we see these conditions entirely overlooked or ignored by those having charge of the unfortunate. The physician is of all men the fittest to deal with the criminal. Scientific training gives a much wider range to his vision, so that he acquires a truer grasp of human character. This is more particularly the case if he is a religious man —that is a man who weighs his daily life and recognizes the responsibilities of his state and the power of duty.

"There is a great deal of humanity to be found in a convict," said a Director in the Maryland Penitentiary to me. Yes, there is, no doubt, much humanity left in the heart of the lowest men, and it is the special duty of the prison physician to seek out this humanity; to guide and strengthen it with friendly counsel and kindly offices. The prisoner will open his heart and unveil his secret nature to the physician in preference to the chaplain or other officers of the prison. Not only will he lay bare his physical ailments but his mental and spiritual trials. It is in dealing with these troubles that the physician can not only exercise a beneficent influence on the prisoner himself, but also secure efficiency in the discipline of the prison. What the prisoner needs above all things in his dreary and cheerless life is the presence and counsel of a friend. As soon as he feels that he has a friend he becomes a happier and a better man. He then feels that he has some one to lean on; some one to look up to; some one to confide in and trust. This gives him hope, and with hope left no one is utterly wretched. From a melancholy, neglected, lonely being he is transformed into a bright, cheerful and healthful man. To perform this salutary work the physician must have a special gift and deeply feel the sacredness of his functions. There are a few men, it is true, who cannot be benefitted by any agency. There is a crime diathesis just as there is a disease diathesis—that is there are men born with crime predispositions just as there are men born with an inheritance of struma, syphilis or insanity. Cure in such cases is almost hopeless—arrest of disease is all that we can hope to secure. The victim of chronic inebriety is never safe in society; the only place of safety for him is within the walls of an Asylum. Here his malady is arrested but not cured. So it is with the constitutional criminal. No length of confinement; no amount of moral treatment; no amount of religious training will benefit him. It is in the care, study and investigation of such cases that the accomplished medical man can do much, not only to aid the prison authorities in their management, but to contribute to social science facts that

*An address delivered before the National Prison Congress at Atlanta, Ga., November 8, 1886.

may benefit those engaged in reforming criminals.

Popular belief does great injustice to the medical character. It is a great mistake to suppose that the true medical man is unfeeling. The higher his education the broader his sympathy. Oliver Wendell Holmes, who in his writings truthfully and feelingly portrays the medical character, says in Elsie Venner: "I have heard it said that the art of healing makes men hard hearted and indifferent to human suffering. I am willing to own that there is often a professional hardness in surgeons, just as there is in theologians, only much less in degree than in these last. While I am writing this paragraph there passes by my window on his daily errand of duty not seeing me, though I catch a glimpse of his manly features through the oval glass of his chaise as he rides by, a surgeon of skill and standing, so friendly, so modest, so tender hearted in all his ways, that if he had not approved himself at once adroit and firm, one would have said that he was of too kindly a mould to be the minister of pain, even if it were saving pain. You may be sure that some men even amongst those who have chosen the task of pruning their fellow creatures, grow more and more thoughtful and truly compassionate in the midst of their cruel experience. They become less nervous, but more sympathetic. They have a truer sensibility for others' pain, the more they study pain and disease by the light of science."

"Don't think them heartless," speaking of physicians, says Dr. John Brown in "Rab and his Friends," "they are neither better nor worse than you and I; they get over their professional honors, and into their proper work; and in them pity as an *emotion*, ending in itself or at best in tears and a long drawn breath, lessens while pity as a *motive* is quickened, and gains power and purpose. It is well for poor human nature that it is so." This poor human nature remains with the convict no matter how low he may have fallen, and this fact must be borne in mind and serve as the key note to the action of all who are charged with the care of prisoners. That the criminal in general and the confirmed criminal in particular are mentally unsound is perhaps a dangerous doctrine; but the French alienists have vigorously contended for its truthfulness. Those who have most strenuously vindicated this opinion are the men who have had the greatest opportunities to observe criminals. Dr. Legrand du Saulle, who died a few months ago in Paris, was perhaps the most distinguished man in the world in this special line of study. He was an able man and an accomplished physician. As Médecin en chef du Depot —the examination place where prisoners are reviewed — his great experience enabled him to analyze character and to judge understandingly of the mental condition of the accused. An eye witness of his labors thus describes his method of distinguishing disease from crime. "Hysteria in its protean forms, hallucination, mania in all its phases— he knew them not only in their mental and physical signs, but in their characteristic acts; and the wretched creature whom a rough and ready police system would have relegated to prison with all its contaminating horrors, he would see occasion to put *en observation*, with the result of showing that the offence with which he was charged was as non-voluntary as if done in a dream, and that with the removal of the deranging cause a worthy life might be restored to itself and to society. As one by one the arrested of the previous night were brought before him, his keen scrutiny, aided by a centripetal question, would separate the calculating criminal from the unconscious one, and he would consign them to their several destinations accordingly. 'What took you to the Place Vendôme, bare-footed and bare-headed?' he would ask of a scared-looking female with the makings in her of a Madge Wildfire. 'It is a case of *mania errabunda*,' he would remark *sotto voce* to a professional bystander, and the poor night-walker is put *en observation* —to thank, four years after, Dr. Legrand du Saulle himself, who recognizes in her an honest *bourgeoise*, married and mother of a family. His experience

was rich in such surprises, as indeed is not to be marvelled at when the average number of so-called criminal cases that passed under his scrutiny was 2500 a year. During the dangerous and trying days of the Commune—those days in which starvation and absinthe did their fearful work of degeneration and demoralization—Dr. Legrand du Saulle's labors were multiplied and intensified, but he went through them all with calmness, energy and happiness. He labored to save life and character, and the fruits of his noble work were abundant. Such a man is a model for medical men everywhere, and his name should be treasured in history as the friend of humanity."

Of course it is difficult to find many men gifted with the knowledge, special skill and broad humanity of du Saulle; but there are medical men of humane sympathies in every community who have sufficient training to make useful prison physicians. These men are not politicians; they devote themselves solely to their high calling and consequently they are not appointed to places in the gift of bosses and party managers.

Having thus briefly pointed out the nature of the influence that can be exercised by a competent and conscientious medical officer in a prison, I now come to the subject of his duties. These are various and responsible, but such as any man of kindly common sense and good training can easily perform. Great learning is not required, but powers of observation, great patience and humane sympathies are essentially necessary. It is all important that a prison physician should be acquainted with the laws of sanitary science, so that he may be able to enforce the approved rules concerning drainage, air, light, overcrowding, food supplies, infection and nuisances.

A gentleman writes to me as a member of the State Board of Health the following letter: "I take the liberty of calling your attention to the inadequate provision made in most of our prisons to keep the prisoners clean. As a rule there is not a sufficient number of bath tubs, and in some instances diseased persons are permitted to use the same tubs in which other inmates wash. This evil prevails in its worst form in one department of a prison in this State. The mere thought of the custom prevailing there is horrible and loathsome. In this department, with a large number of prisoners, there is but one bath tub. This tub is quite large. When prisoners are brought in they are stripped. They are placed in this tub indiscriminately; of course, nearly all are filthy; many suffer with scrofula and terrible diseases but they must get into this tub. When white and colored men are to be washed, the white men are washed first. To my knowledge there is no separate tub for the use of diseased persons in this department. Is it not strange that the physician has not noticed and protested against this evil?" It is not strange at all that the physician in this case has not noticed and corrected this great evil. He is an amiable and kindly gentleman, but knows nothing of sanitary science. The social problems of the day have for him no interest. He is no better and no worse than the men usually appointed for political reasons through the friendship of a "boss," and believes his whole duty is fulfilled when he administers a pill or potion to some complaining prisoner. During the past year he suffered two insane persons to be indicted and tried, one for attempt to murder and the other for larceny, not recognizing their insanity though it was of very marked character. To this prison there has just been an annex erected for female prisoners without any consultation with the sanitary authorities, or persons versed in sanitary knowledge concerning drainage or ventilation. It never entered into the mind of the physician of the institution that this was a part—a very important part of his duties. And yet this prison in other respects is one of the best conducted in this country. The warden, though a politician, is a man of marked executive ability. If the physician properly understood his duties all necessary reforms would be instituted.

There is occasionally an insane man or woman committed to our prisons in Maryland. There are at the present time no less than seven in the House of

Correction, and two or three in the Maryland penitentiary. How important it is that the disease under which these unfortunate prisoners labor should be properly diagnosed and treated. The perfunctory manner in which the duties of the prison physician are however generally performed precludes any hope of this, even if he had the necessary intelligence. The detection of malingering in prisons is just as important as it is in armies. An ignorant or inexperienced man is utterly useless in the investigation of these cases. He is more likely to punish the innocent than detect the guilty.

In a large prison of my own State a young gentleman has recently been appointed physician, through political influence, who is almost unknown to the profession; who has had no training or experience, and who is entirely ignorant of sanitary science. Of what use I ask can such an officer be to the institution?

There are many little details, seemingly trivial, but really important, which if carried out by the physician, will add much to the comfort of the prisoner. He should be taught that however hard his lot, or whatever the circumstances of his case, he has it in his own power by a judicious course of life to greatly lessen his hardships and render his condition, if not happy, at least tolerable. He should be taught above all things that nothing adds so much to the comfort of mind and body as personal cleanliness. He should be made to understand that if the skin is clogged its functions become arrested; the poisonous exhalations intended to be carried off by it remain in the system, producing a train of unpleasant symptoms, such as headache, indigestion, sleeplessness, melancholy, &c.; and that he should take every opportunity which the rules of the prison allow to wash and thoroughly cleanse his whole body. The usefulness of dry frictions to the skin with a coarse towel, a means which he has always at hand, should be pointed out to him. The wholesome influence of pure air is another matter which should be brought to his serious attention. It is a common practice with prisoners to close the openings in their cells intended for ventilation. If they were fully made aware of the fact that the exhalations from their lungs and bodies vitiate the atmosphere, rendering it unfit for life, they would surely abandon this habit. The most important thing, however, to impress on the prisoners' mind, and this can be better done by the physician than any one else, is that occupation of mind is necessary to happiness. It should be made clear to him that whilst employment during the day keeps him from dwelling upon his condition, it is necessary, in addition to this, to have some engrossing purpose, some elevating end or aim to render his mind tranquil, and free him from debasing thoughts or practices.

Mere outward cleanliness may be secured by prison discipline, but there is an internal cleanliness which can only be brought about by the judicious efforts of the physician. The prevalence of secret habits in prisons and reformatories is a sad but admitted fact. This is an evil which the prison authorities cannot reach or correct; it is the physician alone who can properly deal with it and suggest the remedy. He can point out the train of evils physical, mental and moral which follows from habits of self-pollution. He can appeal to the prisoner's manhood and show him the impossibility of building up his mental nature, or reconstructing himself for a new battle of life so long as he remains the victim of the degrading habit of self-abuse. The youth in reformatories are above all to be taught this lesson. Their fears as well as their pride can be appealed to. The physical ailments resulting from secret habits—such as headaches, ringing in the ears, palpitation of the heart, defective vision, general weakness and paralysis—must be held up to them as a terror. The mental disturbances, which are even greater, such as inability to think or labor, loss of memory, melancholy, dementia, insanity—should also be forcibly presented to them. Many young persons practice masturbation from ignorance of the evil consequences; as soon as these are clearly made known

to them they exercise the strength of will that God has given them and return to habits of purity. They must be made to feel that the unnatural is always criminal; and that the sin of Onan remains a shame and a reproach through all the centuries.

It is the duty of the prison physician to see that every detail is carried out that can possibly aid in the work of rehabilitation. In addition to personal cleanliness, simple food, hard beds, abundance of fresh air, moderate suppers and light bed clothing may be mentioned as a few of the means to be employed to lessen unnatural desire and these it is in the power of the prison physician to provide. It is however from his moral influence that we must expect the best results.

There are a number of bodily troubles from which persons closely confined are liable to suffer, such as ozœna or chronic catarrh, diseases of the teeth, hæmorrhoids, etc. A little advice in these cases can be productive of a great deal of good. Troubles about the teeth, too, can be often prevented by the use of simple remedies which it is the duty of the physician to suggest.

Attention to these and like details, small as they may appear, will add immeasurably to the bodily comfort and mental tranquility of the prisoner. It is only a wise, humane and educated physician, who performs his duty as a labor of love, that can secure these blessings to the unfortunate under his charge. Such a man gives his time, his labor, his thought unstintingly. He knows his duty, he feels his influence, and looks only to a higher power for his ultimate reward.

DISCUSSION.

Doctor Byers of Ohio, was called on. He said his experience in prison life had demonstrated to him the influence of the physician on the habits and life of the prisoner. Sometimes the physician is called on to detect simulated sickness. Sometimes prisoners feign epilepsy and carry out the imitation almost perfectly. Pleas for release are often made on simulated attacks of such disorders. An instance of a shrewd scheme of this kind was related. The physician of a prison was imposed on by a man who had simulated meningitis, and certified to the governor that the prisoner had cerebrospinal meningitis. The governor, on reading the certificate, pardoned the man, who marvellously recovered a few hours later.

The physician has a difficult and delicate duty in determining what work prisoners are physically capacitated to do. There is no more important or responsible office in a prison than that of the physician. He should be a man of kind heart, of clear judgement and of true attainments. True prison management is impossible without well skilled and right minded physicians. [Applause.]

Dr. McGee, physician of the North Carolina penitentiary, said he often found prisoners trying to deceive the warden by pretending to be sick. Often he stood between the prisoner and an unjust demand that they should labor when they were not able to do so. A physician who is in constant association with prisoners exerts a moral influence over them which is second only to that of the chaplain, even if it be second to that.

Last year there appeared to be an epidemic of insanity in the North Carolina penitentiary. Several prisoners were adjudged insane about the same time and were sent to the asylum. In a short time they were restored and made their escape. He thought these men were only temporarily insane.

Dr. Powell, superintendent of the Georgia insane asylum, said he wished to express his appreciation of the valuable paper read by Dr. Morris. He was especially struck with what the doctor had said on the subject of heredity.

If there is anything neglected more than all other subjects it is heredity and environment. Proper environment may check and even eradicate the effects of heredity.

Mr. W. M. F. Round was introduced by General Brinkerhoff as a man who had been a close student of county jails, and had made some valuable observations on their management. Mr. Round said that nearly all county jails are bad.

He made no exception as to the medical attention of such jails. Once he found a man in a county jail dying of typhoid fever in a bed where a man had recently died before. The bed had not been changed, and while the man lay there dying the sheriff was absent and the physician had been drunk a week. That was in New York. It would be impossible for such an outrage to occur in New York now, but there are States in which it might occur. It is the duty of the people of each community to see that their county jails are improved. [Applause.]

Dr. Morris closed the discussion in a brief speech. He said that the men who maim themselves to keep from work in prison are generally of unsound mind, and such cases present a difficult problem for physicians. Prisoners often impose not only on prison authorities, but on physicians who are placed in charge of them. The best medical skill is demanded for this service. Dr. Powell had properly remarked that environment was of great importance. Its importance cannot be exaggerated.

The case mentioned by Dr. Byers of cerebro-spinal meningitis could have been easily diagnosed by the use of the thermometer, and the simulated paresis by the administration of chloroform and the use of the electric battery. Epidemics of insanity similar to those mentioned by Dr. McGee are not uncommon, as reference to the literature of the subject will show. During the days of the Commune, as I have already stated, Dr. Du Saulle readily recognized this peculiar form of trouble and providently applied the proper treatment. The whole subject is exceedingly interesting and suggestive.

MUSCULAR RHEUMATISM DUE TO THE USE OF TOBACCO.

BY EDWARD ANDERSON, M.D. OF ROCKVILLE, MARYLAND.

I have met with a great many cases of muscular rheumatism due to the use of tobacco in some form, mostly in the shape of snuff placed under the tongue. All remedies were unavailing whilst the use of the weed was indulged in. Every practitioner, I think, on meeting with a case of the above disorder should inquire as to the tobacco habit and correct it, if possible.

Society Reports.

THE BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING, NOVEMBER 2, 1886.

BROMIDE OF ETHYL IN CONJUNCTION WITH CHLOROFORM.

Dr. J. J. Chisolm is now employing the bromide of ethyl in conjunction with chloroform as an anæsthetic. His method is to anæsthetize the patient first with bromide of ethyl and then after discontinuing this agent to keep up the anæsthesia with chloroform. The advantage claimed by him for this method is that he accomplishes the desired result much more quickly than when chloroform is used alone.

Dr. H. P. C. Wilson has been very forcibly impressed with the universal absence of nausea, in all patients whom he has seen chloroformed abroad. He has had an opportunity to see a large number of persons anæsthetized in Europe, and has never yet observed nausea in any of them. He has made enquiry, but can get no satisfactory explanation for its absence.

Dr. C. C. Bombaugh asked Dr. Wilson if the frequency of nausea in his cases might not be attributable to impurities in the chloroform. He said oftimes aldehyde is present in chloroform as an impurity. In his experience in army surgery he had used it freely and had had no cases of nausea.

Dr. H. P. C. Wilson replied that he had no reason to suspect the drug used by him, as he never employed any other than Squibb's.

Dr. Samuel Theobald has avoided nausea to a great extent by giving a

hypodermic injection of morphia and atropia about thirty minutes before the time for administering the chloroform. The period of recovery after this treatment is quiet and without excitement.

Dr. C. C. Bombaugh asked Dr. Chisolm if he had noticed any decrease in the number of patients nauseated since he has used bromide of ethyl in the early stages of the process of anæsthesia.

Dr. J. J. Chisolm said he had not seen much nausea lately, but could not say that the decrease was due to his plan of operating.

Dr. Christopher Johnston said it was singular how a patient would at one time take an anæsthetic with but little or no discomfort and at another time the result would be almost fatal. He referred to a child with hare lip upon whom he had occasion to operate. The fissure was of such a size as to necessitate two operations. The first time he brought the child under the influence of the anæsthetic there was nothing to create alarm, but at the second operation the patient became almost lifeless.

TRACHEOTOMY FOR MEMBRANOUS CROUP.

Dr. Christopher Johnston spoke of an interesting tracheotomy that he had performed. The history is as follows: On the night of October 6th he was called to see a child, of about 3 years of age, suffering from membranous croup. The patient was then very ill stridulous breathing was present. On the morning of Oct. 7th he did tracheotomy using a Durham tube. For a time the operation gave much relief. For a period of 5 to 7 days there was no attempt to breath through the larynx, but all the respiration was carried on through the tube in the trachea. After this time there was a considerable swelling of the tissues of the neck, the membranous formation increased and the formation could be seen in the trachea below the point of insertion of the tube. The child's strength was supported by the constant administration of brandy. The upper part of the trachea and larynx was completely occluded by false membranes, which were dislodged by passing upward from the opening in the trachea a director to which was attached a piece of string tied to a bit of linen cloth. Intubation was also resorted to. Paralysis of the throat muscles allowed food to pass into the trachea and it was extended through the tracheal tube. No air passed through the larynx for nine days. The tube was in the child's neck, in all, a little more than three weeks. After the removal of the tube the child grew better and is now perfectly well. He calls attention to this case as being somewhat an exception to the rule for it is very rare that a tube can be removed from the trachea at all after it has remained there so long as this one did.

Dr. J. Edwin Michael thinks there are many children whose lives are sacrificed by the neglect of this operation.

Dr. Chris. Johnston thinks one justified in doing this operation for no other purpose than to relieve suffocation. He had also another child suffering from membranous croup or diphtheria in whom he used a spray of nitrate of silver solution. The tissues were supplied with nutriment by obliging the child to breathe an atmosphere of pure oxygen. It recovered from this attack, but eighteen months later he was called on to do tracheotomy on the same child who had contracted the disease again. The child recovered but the tube could never be removed. A year afterward the child was suffocated by the accidental occlusion of the tube. Autopsy revealed a cicatricial contraction of the tissues of the larynx. Intubation of the larynx was frequently resorted to with no good result.

Dr. J. J. Chisolm saw a patient upon whom tracheotomy had been performed one year ago for syphilitic contraction of the larynx. The tube has remained in position for twelve months and cannot be removed.

Dr. J. Edwin Michael saw a patient who had stenosis of the larynx. Dilitation had constantly been carried on in order that the man might breathe, but upon one occasion this precaution was neglected and the man began to find breathing becoming more and more difficult until he became quite cyanotic. Dr. H. C.

McSherry, who was the physician in attendance, called Dr. Michael in to do tracheotomy. He tried to do laryngotomy, but found the cricoid cartilage ossified. He then made the opening further down. Relief was immediate. This patient wore the tube for months. Dr. McSherry dilated the larynx from the wound upward until the opening in the larynx was sufficiently large to permit closure of the wound in the trachea. There was some interference with his voice but the man is now living and in good health.

Dr. Samuel Theobald wished to know if the introduction of these dilators did not give rise to considerable spasm.

Dr. Michael said it did at first, but the muscles soon became tolerant of their presence.

FORWARD DISPLACEMENT OF THE EYEBALL, DUE TO A TUMOR.

Dr. J. J. Chisolm related a case that was of interest to himself. It was the displacement forward of the eyeball, due to the presence of a tumor in the socket. The patient wanted the tumor removed if the eye could be returned to its position.

Upon anæsthetizing the patient, he found the tumor to be an osteoma of the socket tissues, having its origin in the malar bone. The patient was allowed to come from under the influence of the chloroform and told of his condition. He concluded not to be operated upon. This is the second of these cases that he has seen in the past year. In his second case the ball was so far pushed out that he removed it because of the disfigurement it gave rise to.

Dr. Christopher Johnston had had a patient with a tumor of the lachrymal gland. It became so large as to push the eye completely into the inner angle of the socket. On removal of the enlarged gland the eye receded to its normal position.

Dr. J. J. Chisolm within a week of the patient just referred to by him, saw a patient with the eye bulged out from an enlarged lachrymal gland. He asked Dr. Theobald if he had ever used hydrogen peroxide for clearing the secretions from offensive ears?

Dr. Theobald had not.

Dr. J. J. Chisolm finds it a very nice method. He first washes out the ear with warm water, then pours in the hydrogen peroxide. It causes an oxidation of the secretions, and in a few minutes the ear is perfectly clear.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD NOV. 15, 1886.

The President, B. F. Baer, M.D., in the chair.

Dr. Joseph Price exhibited specimens from two cases of

PYO-SALPINX.

Dr. M. Price exhibited specimen from one case, all of these were of gonorrhœal origin. Those by Dr. J. Price were removed from prostitutes. That exhibited by Dr. M. Price was from a married woman who had been infected by her husband. The tubal disease manifested itself soon after child-birth. The menstrual period had always been very painful and had kept her in bed from eight to ten days.

Dr. Howard A. Kelly exhibited a

SARCOMA

as large as a man's hand which he had removed from the anterior abdominal wall. It had its origin at the transverse tendinous band of the right rectus muscle, just below the umbilicus. The mass was about eight inches by ten and hung pendulous under the greatly thickened skin of the right umbilical, inguinal and iliac regions. The great point of difficulty was in determining whether the mass did not spring from a small hernia slipped through the umbilical ring, which was greatly drawn out on one side over the tumor and deep in which the fibre-like cords of attachment

could be felt. The tumor was very vascular but was readily removed and the patient made a perfect non-febrile recovery.

Dr. Howard A. Kelly also exhibited a specimen upon which he desired a report by the Microscopical Committee. The case was one of great interest;

AN OVARIAN PREGNANCY

upon which Dr. Kelly had operated within the past twelve hours.

The patient, a German woman, who had had one child by forceps delivery, two years ago in Germany, had since been regular in her menstruation until October, when she went two weeks over time, and was then roused in the night by sudden violent pain in the right leg and groin, extended obliquely down the right ovarian region. With the pain came a profuse uterine flow which lasted for two weeks with intermissions. From excellent health she was immediately prostrated and became miserable with elevated temperature and quick pulse. She had no organic disease but a small tumor at the extremity of the right Fallopian tube. The tumor was about two and a half or three inches in diameter, softish, not sensitive, freely movable in the pelvis. In front of this a sharply defined round ligament could be traced out to the brim of the pelvis and above this the flatter cord of the Fallopian tube could be felt. The ureters were enlarged as Sänger has noticed, and the speaker has frequently verified in pregnancy. The uterus was of a size approaching two months pregnancy and the cervix was remarkably soft for the early stage of pregnancy. Dr. Kelly sent invitations to Drs. R. P. Harris, J. G. Allen, Freemann, John and Frank Haynes, Jos. Hoffman, George Horn and Wm. Ferguson to be present at an abdominal section for extra-uterine pregnancy, and in their presence the operation was carried out. (The patient up to date of publication has made uninterrupted progress towards recovery.) Dr. Kelly exhibited a chorionic membrane from a uterus, with a four weeks fœtus attached.

Dr. Beates remarked that the lining membrane of the cyst was easily separated from the wall and he thought the specimen was most probably a parovarian cyst.

Dr. Jos. Price thinks the cyst could be entirely shelled out. He thought it had none of the characteristics of a tubal pregnancy.

Dr. Kelly in closing the discussion demonstrated in the extra-uterine and in the uterine specimens an identical membrane which could be detached and which was the amnion. He demonstrated ovarian tissue completely surrounding the cyst thus proving that it was not parovarian in its origin. The lining membrane underlying the apparent amniotic membrane is a soft tissue never seen in an ovarian cyst. The specimen was referred to a committee.

Dr. Longaker exhibited a

FIBRO-MYOMATOUS SUBSTANCE

which had been expelled from a uterus twenty days after normal labor. The placenta came away entire; there was a post-partum hæmorrhage on the second day. In the third week a rise of temperature occurred. The temperature became normal after the expulsion of this mass.

Dr. Kelly said that judged by the microscopic appearance of the specimen alone, and with great certainty in view of the history, this flat elongate mass with one semi-circular rounded edge, and with long shreds hanging to it, was a portion of a retained placenta. A question is by this brought up upon which it is of the utmost importance that every member of this Society should have positive convictions, and that our practice should be uniform, and that is: What shall be done in the case of a puerperal woman who has an elevated temperature and a foul smelling discharge from the vagina? Where other manifest cause was absent every such patient should be placed in a convenient posture and the uterus thoroughly gone over with a dull curette, followed by a swobbing with an antiseptic solution. Thousands of women are to-day suffer-

ing from neglect of this simple precaution of removing stinking shreds of decidua and pieces of placenta, which remaining have caused sub-involution, chronic endometritis and cellulitis lingering for years, or even a more acute and rapidly fatal septic process. Dr. Kelly prefers the lateral semi-prone position for convenience of exposure and manipulation, considering the objections which have been urged against this as purely theoretical.

Dr. Baer would prefer the patient on her back for scraping or washing out the uterus after labor, using tincture of iodine or bichloride solution.

Dr. Beates has made it a rule whenever the temperature rises after labor to introduce the finger or curette into the uterus and remove any adherent masses.

Dr. Longaker, in closing the discussion, said that he had not the slightest doubt that the specimen had been a fibroid tumor buried in the tissue of the lower portion of the uterus, the contraction and involution of the uterus cut off its supply of blood and partially enucleated it. Time was required for this process. The rise of temperature did not excite immediate suspicion as the case was a hospital one and the wards were crowded at the time.

Dr. Beates, on behalf of the Committee, stated that the microscopic examination of the "ovarian fibroid" presented by Dr. Baer at the October meeting showed it to be a neoplasm developed from the epithelium of the ovary; it was a true scirrhus with nothing ovarian about it except its origin.

HYSTERORRHAPHY.

Dr. Howard A. Kelly read a paper written for the Society in the spring of this year upon a new operation which he called hysterorrhaphy, or the *suspension by suture of a viciously posed uterus;* that is an organ prolapsed or retroflexed, which it is impossible to relieve by any line of treatment applied per vaginam.

The speaker first applied this method April 25th, 1885, upon a patient who had been under the care of several other specialists, and under his own care for nearly three years. The uterus had lain acutely retroflexed, with a large soggy fundus in Douglass's pouch below the level of the cervix. Months of rest in bed combined with careful packs and counter irritation, and for a long time applications to the endometrium, failed to cure the flexion even temporarily.

The patient had been operated upon a year previously removing a very tender ovary per vaginam. On this occasion the left tube and ovary were removed and as the right tube could not be felt it was concluded it had atrophied. The uterus was then raised and a sharp band of cicatricial-like tissue felt half encircling it in the angle of flexion when the futility of any attempt to relieve the condition from the outside was at once evident.

Silk sutures were passed through the left horn of the uterus and the body suspended from the anterior abdominal wall, about one and a half inches above the pubis to the left of the incision. The suspensory sutures were passed between two ligatures encircling the horn and the base of the pedicle to avoid the dangers of tearing out and of bleeding.

The uterus thus suspended remained in place one year, when the right tube enlarged to a hydro-salpinx, and just before operation for its removal dragged the fundus over.

Dr. Kelly urged that in future both cornua be utilized and attached between one and a half and two inches above the pubis to allow room for free expansion of the bladder; and again, that while in most instances the disease will have been of such long standing as to involve chronic incurable disease of the appendages necessitating their removal, yet in some cases the good effects of drainage of these latter which are raised with body should be tried. The operation is to be urged where the long retroflexed, infiltrated uterus is unable to stand up straight alone after removing diseased ovaries and tubes and if adhesion bind the fundus down they should be carefully severed.

He also insisted that the operation for shortening the round ligaments was not

admissable for retroflexion alone, as owing to enormous mechanical disadvantage the slightest degree of relaxation would allow a reproduction of the deformity.

While in simple prolapsus, if a suprapubic operation of any sort were ever necessary which the speaker doubted, he would prefer a simple, aseptically made, abdominal incision and direct support by attaching the fundus to the anterior abdominal wall, to an operation which has a doubtful and possibly a high rate of mortality, and of which the ratio of success is even more problematical.

The operation has been devised and performed independently by a number of prominent gynæcologists in various parts of the world; among whom are Koeberle, Bardenheuer, of Colonge; Henning, of Leipzig; Czerney, of Heidelberg; a surgeon in the north of Italy and Lawson Tait, probably Keith, and two cases not published which Dr. Sänger, of Leipzig, kindly gave the writer during the past summer.

Dr. Drysdale remarked that he had performed a second operation upon a lady upon whom eighteen years previously Dr. Atlee had performed ovariotomy for the removal of an ovarian tumor; at the first operation the uterus was found prolapsed. In this operation Dr. Atlee had used the clamp to secure the pedicle, and at the second operation the uterus was found attached to the original wound. The prolapse had been effectually cured. He thinks both cornua should be secured to the abdominal wall. He had never met with a case of retroversion that could not be relieved by pessary after curing the accompanying endometritis. Many years ago, a lady who had been for eight years under the care of Dr. H. L. Hodge for retroversion, and in whom the presence of a pessary excited such expulsive efforts that it could only be worn a week at a time, came under the care of Dr. Drysdale; he treated the endometritis first and when it was cured a pessary could be retained and complete relief was secured.

Dr. Jos. Price remarked that Tait considers it dangerous to stitch the fundus uteri to the abdominal wound and has abandoned it. In some operations he introduces sutures to draw the uterus high up that he may more readily remove the tube close to the cornua.

Dr. Baer thought it seemed the most natural method to stitch the fundus to the abdominal wound. He asked for what reason Dr. Tait considered it dangerous. He thought the field of Dr. Kelly's operation would be small as, when the endometritis was cured, a pessary or other support would relieve the retroversion or flexion. After laparotomy or removal of the uterine appendages it might be advisable in some cases to draw the uterus up. He has had no experience with such a procedure. He does not like the Alexander operation; he considers it unscientific and in many cases it has failed to cure the displacement.

Dr. Longaker feared that granting that anteversion could be secured by Dr. Kelly's method, the bladder would not be allowed to expand, a fixed anteversion would itself be pathological. He would hesitate to stitch the fundus to the abdominal wall even after removal of the appendage. Retroflexion does not necessarily produce discomfort as some cases have no symptoms to call attention to the condition.

Dr. Harris recalled the case of Mrs. Reybold whose uterus was suspended for fifty years. She died at eighty. The senile organ was drawn out into a tongue-shape; the uterine attachment was one and a half by three-fourths inches at time of death, the uterus was four and a half inches long and the vagina was lengthened and cord-like. There had always been a tender spot in the cicatrix, probably from tension.

Dr. Kelly stated in reply, that he considered the mainpoints which had been raised had been already answered in the paper. He considers these cases *rare* and by no means recommends a resort to section and suspension without first trying every other known expedient likely to relieve, and then only in those cases in which the local disorder causes

such pain or disability as to render life a burden. He considers the operation established, however, in those cases in which after removal of the appendages the flexed organ fails to remain upright when lifted into position. An occasional resort to hysterorraphy will not affect the table of recoveries from operation but will affect the list of patients *cured*, which is not always made so prominent after abdominal section.

W. H. H. Githens,
Secretary.

Reviews, Books and Pamphlets.

A Manual of Diseases of the Nervous System, by W. R. Gowers, M.D., F. R.C.P., Assistant Professor of Clinical Medicine in University College, London, etc., etc. Vol. I. Philadelphia: P. Blakiston, Son & Co.

The readers of medical journals have become very familiar with Dr. Grower's writings on nervous diseases, more especially diseases of the cord, to which this first volume is largely devoted. The author's modesty has led him to assert that the work before us is merely a manual, which we think a mistake as the first volume contains over 400 pages and is sufficiently complete to make the term *manual* misleading. The preliminary remarks on Reflex, and the Action and Paralysis of Muscles are most excellent, and the illustrations are evidently drawn from life. Lesions and inflammations of nerves are discussed in a rather brief but quite satisfactory manner. In the treatment of sciatica the author gives cocaine a decided preference over morphine, and speaks of its efficacy in half grain doses hypodermically, for the relief of spontaneous pain. Hardly sufficient importance is given, we think, to the method of deep injections of morphia which combines the sedative and accupuncture effects. Far the greater part of this volume is devoted to diseases of the spinal cord, and we would especially call attention to the fine article on Locomotor Ataxy; the author brings out with great force the preponderance that syphilis has over any other cause in the production of this intractable malady and gives some useful hints as to treatment. We cannot resist again calling attention to the excellence and originality of the illustrations.

A Manual of Obstetrics, by A. F. A. King, A.M., M.D., Professor of Obstetrics in the Columbian University, Washington, D. C., etc. Third edition. Philadelphia: Lea Brothers & Co.

The title of this little book is thoroughly a description of it, for it is a manual and a very good one. It is not overloaded with theories nor are the best methods of procedure obscured by the usual number of permissible ones. The arrangement is such that by running the eye over the page one can find at once the desired information. Of course the book does not contain much original matter, nor was it intended that it should, but the results of our knowledge on this subject are concisely summed up, and we cordially recommend the little volume to those who are either studying or practicing obstetrics.

Pathology and Treatment of Syphilis and Allied Venereal Diseases. By Hermann Von Zeissl, M.D., late Professor at the Imperial Royal University of Vienna. Second edition revised by M. Von Zeissl, M.D. Translated by H. Raphael, M.D., New York. D. Appleton & Co.

The book before us was not intended, as the author states in the preface, to be a complete treatise on the subject of venereal diseases, but only a sort of handbook, although it contains nearly 400 pages. The section devoted to gonorrhœa is rather unsatisfactory, especially in regard to treatment. The author advocates very strongly the gradual dilatation of stricture, showing the necessity of this method of procedure for some time, even after division or rapid dilatation, and argues very properly and logically that it is the safest, most radical, and often as speedy as other modes. A good deal of space is devoted to the infinite variety of syphilitic manifestations, and the author has evidently drawn from a large experience. He has great faith in the efficacy of the various

preparations of iodine, and speaks favorably of the method of mercurial inunctions, especially in obstinate cases. He is not so enthusiastic in the praise of the hypodermatic medications as most German writers. The regret expressed as to the uselessness of preventions, in the shape of lotions, ointments, &c., is decidedly continental.

Food Material and Their Adulterations. By Ellen H. Richards. Pp. 183. Boston: Estes & Lauriat.

This is an excellent book by an excellent author. She discusses in good style and tersely the drinks of daily use, meats, etc., how to detect adulterations, and how to preserve perishable goods. There is a valuable chapter on the Principles of Diet, and a good Index. It may be read with profit by every physician and housewife.

Perfect Bread. By Catherine Owen. Pp. 64. 25 cents. Holyoke, Mass.: Clark W. Bryan & Co.

This is a neat, convenient, and tastefully bound pamphlet. It gives full instructions for making yeast, and for making and baking breads of all kinds. It contains over fifty approved receipts for bread-making.

The French Revolution. By Thomas Carlyle. 2 Vols. Pp. 420 and 461. Boston: Estes & Lauriat.

This work is so well known that no particular attention need be called to the author or the text. The edition, however, is a new one, just brought out. The paper is light, the type large and clear, thus making very convenient and readable volumes. The binding is exceedingly appropriate, being in the French *gen d' arme* cloth, with gold lettering.

Good Housekeeping. A semi-monthly, published at Holyoke, Mass., by Clark W. Bryan & Co., at $2,50 a year, began its fourth volume with the issue of Nov. 13th.

The "bill of fare" announced is as usual very fine, and prepared by able heads. Catherine Owen begins her new serial on "Progressive Housekeeping." A prize paper on "Canning" will soon appear. E. C. Gardiner, Maria Parloa, Mrs. Poole, Mrs. Scovil, Mrs. Lincoln, and many others, are among its contributors. The high literary character is maintained. Having read it from the initial number, we commend it as the best journal of its kind now published.

In *The Century* for November the new, long looked-for, and only authoritative *Life of Lincoln* is begun. The authors were his private secretaries, and have been eighteen years at work on this history. It promises well and is finely illustrated.

The war series takes up Gettysburg. Theodore Roosevelt writes of "Machine Politics in New York city." Col. R. T. Auchmuty of "The Need of Trade School." Dr. Martin describes "Old Chelsea." Mrs. Foote tells her story, "The Fate of a Voice," which is one of her finest. Mr. Stockton begins his novel, "The Hundredth Man." There is much other valuable matter. The whole number is a most readable and interesting one.

Treatment of Painful Chronic Cystitis —In painful chronic cystitis, Dr. Guyon adopts the following treatment: Crystallised nitrate of silver, 1 gramme; distilled water, 50 grammes. This is injected after the patient has passed urine. An explorator, with a perforated bougie— No. 12 to 14—introduced until the sphincter is reached, and from 20 to 40 drops of the solution are injected. The necessary number of injections and the time which should elapse between administering them varies. If the patient has not suffered longer than three or four hours after the first injection, it is repeated every other day, but if the pain continue for one or two days, it is better only to administer an injection once or twice a week, and to decrease the number of drops. This remedy succeeds very well in cystitis of a gonorrhœal origin, but should not be used in cases of cancer or tuberculosis of the bladder.—*London Medical Record.*

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BALTIMORE, NOVEMBER 27, 1886.

Editorial.

ON THE OPERATIVE TREATMENT OF PARALYTIC TALIPES VARUS.—Amongst the ill effects of infantile and other paralytic conditions of the lower extremities are various deformities of the feet, which not only are sources of mortification to the possessor, but which materially impede his progression, and diminish his chances of earning a livelihood. These deformities are usually insusceptible of much benefit from treatment, and the unfortunate patient is doomed to wear apparatus which more or less imperfectly fulfils the purpose for which it was intended. Not unfrequently the foot hangs like the free end of a flail, and is totally unfitted for an organ of locomotion. Braces are applied, and with their aid the patient may be able to walk with some comfort, but, at the best, the apparatus is burdensome, and is constantly getting broken, hence surgeons have been looking for better modes of treatment than the purely mechanical. If there is any contraction of the tissues, these may be divided, but the great trouble is that there is nothing to hold the limb in its corrected position, and the deformity is rapidly reproduced. Quite recently an attempt has been made to tighten up these loose and deformed joints by exposing the tendo-achillis and excising a portion of its substance, then reunite the cut tendon with sutures, and so attempt to get union. It is doubtful whether this method of treatment is of extended application, though it may be followed by good results in some of the milder deformities of the ankle. It has been proposed by some of the German surgeons to attempt to remedy paralytic troubles by producing a bony anchylosis between the tibia and fibula and the astragalus, and in this way a firm support is secured, though at the expense of the delicate movements and elasticity of the foot. The earliest operations with which we are acquainted were performed by Dr. A. Morgan Vance, of Louisville, Ky., a few years ago. In a case of paralytic valgus he excised the ankle-joint and secured a useful limb upon which the youth could walk well without the aid of any crutches or apparatus. Dr. Vance repeated the operation subsequently upon an adult female with equally gratifying results. His operation was a partial resection, one or the other of the malleoli being removed, and the joint surfaces denuded of articular cartilage. Such an operation, as Dr. Vance rightly remarks, ought not to be undertaken without fully apprising the patient, or in the case of a child, the parents, of the risk which has to be run, but the danger will be very greatly reduced by the adoption of careful antiseptic precautions. The greatest dangers are those which depend upon septic causes, as pyæmia, but synovitis may also be an unpleasant concomitant. Even before the cases of Dr. Vance were brought to our notice, the same idea had impressed itself upon our mind whilst considering what might be done in an aggravated case of paralytic deformity of the lower extremities, but it was not until the results of his operations came under notice that we felt assured of the justifiability of the procedure. This opinion is strengthened by the report of the two following cases, which have just been published.

At the 59th "Naturforscherversamlung," held at Berlin from the 18th to the 24th of September of this year, Dr. Rydygier, of Kulm, reported two cases in which he had performed partial resection of the ankle-joint for paralytic varus. A brief abstract of his remarks is published in the *Centralblatt für Chirurgie*, October 30, 1886, as follows:

"In order to relieve these patients of the burdensome wearing of instruments and orthopedic apparatus, which also requires frequent repairing, he strove to effect anchylosis between the tibia and astragalus, with the foot in a correct position, and achieved his purpose in two cases in the following manner: An incision 3 inches in length was made on the dorsal surface of the ankle along the fibula, and the articular cartilages were removed from the tibia and astragalus, the wound was drained and then sutured, and the foot placed in an antiseptic dressing in the correct position. After nine and six months respectively he again saw these patients. In the first case the desired result was fully attained, but in the second the patient, who had at the same time a contraction of the knee, was not so much benefitted."

We do not wish to be understood that in our opinion resection of the ankle or of the tarsal joints ought to be done in every or even most cases of paralytic deformities of the lower extremities; but where the individual is incapacitated from being a useful member of the community by the affection, where he is likely to be a pauper and dependant upon charity for his sustenance, where from some cause or other apparatus can either not be procured or does not fulfill its purposes, we do think it is incumbent upon us to do all that lies in our power to rescue such a person from a condition of habitual panperism, even if some risk must be taken in effecting this. When the patient is sufficiently prosperous to procure whatever apparatus he may need, and to employ whatever assistance he may desire, the matter stands in a somewhat different light, though even here one would be justified in accepting some risk, if by so doing his condition could be materially improved. What is sought to be effected by operation? The firm anchylosis of joint surfaces which allow too free motion. If the deformity is mostly at the tibio-tarsal articulation, denudation of the bones forming this joint will allow consolidation, and so produce a rigid surface upon which the patient can step. As the ordinary jointed brace is only effective in stiffening the ankle, it can be dispensed with whenever this joint becomes anchylosed. If the deformity is at the medio-tarsal articulation, as will happen when the anterior tibial muscle retains its integrity, whilst its opposing muscles are paralysed, resection of the articular surfaces of the bones forming this joint will allow bony union to occur, which will retain the foot in its normal position in spite of the action of the anterior tibial muscle. A beautiful example of the benefit to be derived from resection of the medio-tarsal articulation for a paralytic varus is under our observation at this time. A young girl had a complete paralysis of the left leg below the knee, producing a flail-like condition of the foot, which is thrown into the condition of varus or valgus, according to the pressure, and which is totally unfit for walking or standing upon. She could, however, wear a shoe, and, with the aid of a brace, was able to hobble around a little, often falling, and constantly breaking the apparatus. The right extremity was paralysed below the knee, with the exception of the anterior group of muscles, which twisted the foot inwards and upwards until its outer side was brought in contact with the ground, producing an aggravated varus, which could not be overcome owing to some bony abnormality, and she was totally unable to wear a shoe except with the foot in its deformed position, and suffered much from excoriations and chilblains. As has been just stated, the girl could only very imperfectly walk, and was entirely incapacitated from doing any work. She could not even stand securely enough to wash dishes or sweep a room. The medio-tarsal articulation was excised, and the foot easily brought into its normal position, firm union took place, and not only can the girl wear a shoe naturally and without pain, but her powers of locomotion have been much improved. The loose ankle will probably be operated on at a later period. In concluding this rather long notice of these operations, we simply wish to bring to the notice of our readers this method of treatment of these, in many cases, otherwise irremediable deformities.

The Hospital Saturday and Sunday Association of Baltimore.—The above Association was organized in Dec., 1882, in this city. The first appeal made to the public met with a generous response, and realized the sum of $2,264. 89. This encouragement given the Association has led to its permanent organi zation, and to a systematic annual effort in behalf of our City Hospitals. During the past four years a total of $8,188. 09 has been collected by the Association, and distributed by those institutions that were engaged in hospital charity work. It is proposed by the officers of the Association to have the Hospital Saturday on November 27, and the Hospital Sunday on November 28, of the present year. Hospital Saturday is designed for collections from the Synagogues, and among the exchanges, trades and business people generally; Hospital Sunday for collections in the Churches. The objects of the Association are thus stated: "To draw out benevolent gifts for hospital purposes by bringing the claims of these charities simultaneously before the public, to stimulate and foster the giving by personal donations and church collections on appointed days, on behalf of such institutions as the donor or donors may choose to assist, and to provide for obtaining and distributing the gifts of those who sympathize with the general object of hospital charity, without having interest in any special institution."

The Hospital Sunday movement originated in Manchester, England, some twenty-five years ago, and since then has spread through the English cities and towns generally. It has reached such an importance in London that the collection in that city for the present year amounted to nearly one-quarter of a million of dollars. The first Hospital collection made in this country was taken in New York city in 1879. The amounts realized from collections in New York have ranged from upwards of $30,000 to $40,000 annually. Collections are also annually taken in Brooklyn, Buffalo, Philadelphia, and in several smaller cities. It is believed that the custom will finally become universal in all our American cities. It is a charity which has come to stay, just as it deserves to grow. The officers of the Association in this city are gentlemen well known for their intelligence, liberality, energy and determination, and as they have this work earnestly in their hearts and heads we see no reason why the amount annually collected should not assume the largest proportions. The work of the Association commends itself in the strongest manner to the support of the medical profession. No class of men are more constantly brought in contact with the suffering poor, or understand more fully their needs than physicians. It is safe to say that in this city alone there are hundreds of people who require hospital treatment, but who are deprived of such advantages from want of the means to enter our charity institutions. Were free beds offered them, many would cheerfully accept their comforts and privileges. As a profession, it should be our aim to enlarge the facilities for the better treatment of the poor. By so doing, the labors of professional work would be largely reduced and more satisfactorily performed. The charity work of a large city makes large demands upon physicians of humane and self-sacrificing natures, for such men do not turn deaf ears to those who claim their services. But, apart from such motives, the organization of Hospital charity is in direct line with progress in scientific medicine, and is one of the strongest forces at work in its advancement.

We commend this charity in our city to our readers and urge them to urge its benevolent features upon their patients during the days of November 27 and 28. With a word from each physician to each patient the fund for the present year can be made large enough to do great good in this community.

Miscellany.

Excision of a Cerebral Tumor.—We have the pleasure of recording that another case of excision of a cerebral tumor has terminated successfully. The patient was a man who had been absolutely hemiplegic for a month, and had passed into a semi-comatose condi-

tion; before these symptoms developed, he had endured terrible pain in the head and had suffered from fits. On Thursday, September 23rd, Mr. Victor Horsley trephined over the motor region of the right hemisphere, and, after enlarging the aperture made by the trephine, succeeded in removing a large tumor from the brain; the tumor weighed four and a half ounces, was three inches broad, and two inches deep. On the day after the operation the patient was perfectly rational, and even amusing in his conversation, and said that he was quite free from pain. On September 27th, the wound was entirely healed, and the man had recovered some power in his leg. This is the fourth case in which Mr. Horsley has operated successfully on the motor area of the cortex of the brain; the three earlier cases were carefully described to the Section of Surgery at the meeting of the Association at Brighton, and the full text of his paper will be shortly published. His results constitute a real triumph for scientific surgery. Not only have the facts upon which the diagnosis of the seat of the lesion in these cases rests been discovered by experiments on lower animals, the details of treatment have also been worked out in the course of these experiments. The complete success of the surgical method followed is demonstrated by the fact that, in two of the cases, the wound healed in four days; that, in a third, it had healed in a week; and that, in the case which was in this respect the least successful, the whole of the wound, with the exception of one-sixth, healed by first intention. A more complete proof of the validity of well directed experiments on animals it would be difficult to imagine; and it is no wonder that the professional agitators, who are beginning to find their supposed grounds of objection one by one swept away, pursue Mr. Horsley with a bitterness which increases as it becomes less reasonable.—*British Medical Journal*, Oct. 2, 1886.

The Great Question of the Day.—The late Dr. Samuel D. Gross used the following words in an address delivered at the dedication of the McDowell monument: "Young men of America, listen to the voice of one who has grown old in his profession and who will probably never address you again, as he utters a parting word of advice. The great question of the day is not this operation or that, not ovariotomy or lithotomy, or hip-joint amputation, which have reflected so much glory upon American medicine—but preventive medicine, the hygiene of our persons, our dwellings, our streets—in a word, our surroundings; whatever or wherever they may be, whether in city, town, hamlet, or country, and the establishment of efficient town and State boards of health, through whose agency we shall be more able to prevent the origin and fatal effects of what are known as the zymotic or preventible diseases, which carry so much woe and sorrow into our families, and often sweep like hurricanes over the earth, destroying millions of human lives in an incredibly short time. The day has arrived when the people must be aroused to a deeper and more earnest sense of the people's welfare, and suitable measures adopted for the protection, as well as for the better development of their physical, moral, and intellectual powers. This is the great problem of the day; the question which you, as representatives of the rising generation of physicians, should urge, in season and out of season, upon the attention of your fellow-citizens, the question which above and beyond all others should engage your most serious thoughts and elicit your most earnest co-operation. When this great object shall be attained, when man shall be able to prevent disease, and to reach with little or no suffering his threescore years and ten, so graphically described by the Psalmist, then, and not till then, will the world be a paradise."

Urethan in Mental and Nervous Diseases.—Drs. Otto and Kœning have studied the action of urethan in a large number of insane patients of different sorts. In some forms of paralysis, four to eight grammes were given, but in a condition of strong excitement, the action was doubtful. They found it useful in doses of from two to four grammes for

epileptic patients where there was a condition of no great depression; larger doses were not found advisable on account of the unpleasant effects on the stomach. Urethan did good service in excited conditions of idiotic children; in the paralysis of men, with slight excitement, small doses from three to four grammes were found to be useful; in severe cases, it was very untrustworthy even in doses of ten to twelve grammes. Kræpelin has given urethan as a hypnotic especially in mental diseases, and only in doses of one to three grammes (fifteen to forty-five grains). He never observed any unpleasant effects. Sleep occurred ten to fifteen minutes after swallowing the drug, and continued for several hours. He did not use it in cases of strong excitement. Kræpelin found that, in 60 per cent. of paralytic cases, urethan acted favourably. It was also serviceable in melancholia, and in cases of great mental anxiety; as much as 77 per cent. of these cases were benefited by it. Rothenbiller found that urethan in doses of two to four grammes gave several hour's sleep to patients with slight excitement. He also used subcutaneous injections of a quarter of a gramme (nearly four grains). One to three injections insured six to eight hour's sleep.—(*Centralblatt für Nerven Heilkund.—Brit Med Jour.*

Great Wits And Madness.—The journal has already, in a previous volume referred to the marked strain of madness in the family of Victor Hugo, who had, on the maternal side, a mad uncle and mad cousins, whose brother Eugene died in a mad-house,and whose only surviving daughter, Adele, has been for years in confinement. A Paris letter says: "A controversy is now going on in the scientific world on the conditions under which genius is produced.

Senator Naquet, and Drs Marechal, Jacopy, and Bull say that it is a neurosis, and that most great men have had mad or epileptic ancestors or descendants or been themselves attacked with epilepsy, or been, in some respects, on the very brink of lunacy. Cæsar and Peter the Great had falling sickness. Napoleon was subject to long fits of fainting that resembled catalepsy. Newton had also a disordered nervous system. Byron's mother was a raging, irresponsible termagant, and father no better. Isabella the Catholic, who was certainly a woman of genius, had a mad uncle, a mad brother, and mad daughter, the ancestor of all the Spanish and Austrian Hadsburgs. Her (Isabella's) grandson, Charles V, also a man of prodigious political genius, was epileptic, and the progenitor of a line which ended in idiocy. Pascal had fits and hallucinations. Luther also had the latter, and thought he saw the devil in person coming to tempt him. William the Conqueror was the son of Robert the Devil, who must have had, to judge from the legend which has been handed down, a nervous system that ran riot.

According to the new theory, genius, like the orchard pear or apple tree, or the double rose, or dahlia, is abnormal, and except in an intellectual sense, sterile. Thus Dante (a hypochondriac), Michael Angelo, Raphael, Shakspeare, Cowper, Wordsworth, Byron, Scott, and De Quincy either left no posterity, or families that soon died out. That of Victor Hugo is not apparently destined to live long."—*Boston Med. and Surg. Journal.*

Note on Cocaine—George Elder, M.D. C.M. Glas. says in *The Lancet* (Oct. 30, 1886), cocaine is now so extensively used in minor surgery, and usually with such happy results, that an experience like one I had the other day will come upon most of us as a disagreeable surprise. Preliminary to opening a superficial abscess, twelve minims of a freshly prepared 10 per cent. solution were injected under the skin; and three or four minutes afterwards syncope supervened, followed by twitchings of the face, falling of the jaw, coldness of the body, clammy perspiration, lividity of the face—in fact, all the appearances of imminent death. The patient was several minutes in recovering consciousness, and during the remainder of the day felt very prostrate. Several similar occurrences have been noted in ocular surgery from time to

time, showing that cocaine is not so innocuous as has been generally supposed.

Iodide of Potassium in Diphtheria.—Dr. Stepf, of Nuremberg, proposed in the *Deutsche Medicinische Wochenschrift*, No. 9, 1886, iodide of potassium as a remedy for diphtheria. He says:

"Iodine is a direct remedy for diptheria, because it can be ingested for a long time, and, circulating in the blood, kills the bacteria. We can give iodide of potassium combined with the tincture of iodine; a two to four per cent. solution recommends itself for the first three years of life, and a four to ten per cent. solution for older children, a tea-spoonful being given hourly."

Stepf claims to have had success with this mode of medication.—*Ther. Gaz.*

Hyperidrosis.—In the "Med. and Surg. Reporter" for July 31, 1886, Dr. J. B. Johnson recommends for the treatment of hyperidrosis of the feet and hands a general tonic treatment with arsenic. The following combinations are advised for local use: Pure Carolina pine tar and alcohol, equal parts; to be applied twice a day with a camel's-hair brush and kept protected by cotton gloves. Or, thirty grains of tannic acid to one ounce of glycerine. Or,

℞ Calcis chlorinat, . . . ʒ iij;
Aquæ destillat, ... Oj.
Solve et cola, et adde
Acid tannici, ... ʒ iij M.

Or, thirty grains of carbolic acid to one ounce of Richardson's styptic collodion; to be applied two or three times a week. Further, the feet may be soaked in a strong alum or brine foot bath.—*N. Y. Medical Journal.*

Chromic Acid *v.* Galvano-Cautery.—M. Poskin has reported to the Liége Medical Society on his use of chromic acid in more than 100 cases of diseases of the nose, pharynx, and larynx, as showing the great value of this powerful caustic in hypertrophy of the turbinated bones, polypi, and granulations in the ears. He remarks that, as it is a violent poison, acting especially on the gastro-intestinal tract, it is necessary to exercise great caution, especially in pharyngeal and laryngeal cases; and he eschews it altogether in the case of children. Its action may be neutralized by a weak solution of carbonate of soda. The best way to employ chromic acid is to heat moderately a very small crystal on a silver probe, to which it will adhere as a dark-brown coating. If the heat is too great a green oxide is formed, which is devoid of any caustic action. M. Poskin finds that chromic acid compares favorably with the galvano-cautery, both on account of the cost and the convenience with which it may be applied.

It is, he thinks, also quite as efficacious and less dangerous. The eschar which is produced falls in from three to five days.—*Lancet*, Nov. 13, 1886.

Treatment of Painful Chronic Cystitis.—In painful chronic cystitis, Dr. Guyon adopts the following treatment: Crystallised nitrate of silver, 1 gramme; distilled water, 50 grammes. This is injected after the patient has passed urine. An explorator, with a perforated bougie—No. 12 to 14—is introduced until the sphincter is reached, and from 20 to 40 drops of the solution are injected. The necessary number of injections and the time which should elapse between administering them varies. If the patient has not suffered longer than three or four hours after the first injection, is is repeated every other day, but if the pain continues for one or two days, is better only to administer an injection once or twice a week, and to decrease the number of drops. This remedy succeeds very well in cystitis of a gonorrhœal origin, but should not be used in cases of cancer or tuberculosis of the bladder.—*London Medical Record.*

A Remedy Against Epilepsy.—

℞ Extr. fab. Calabar., gr. viiss;
Spir. æth., f ʒ iss;
Aq. amygd. amar.
(sive Aq. menthæ pip.) f ʒ vss. M.

S.—Five to eight drops t. d. for children.

Eight to fifteen drops t. d. for adults. —*Pharm. Zeitschr. f. Russland*, June 1, 1886.—*Ther. Gaz.*

Medical Items.

Harvard University has two surviving graduates both of the class of 1811, seventy-five years ago.

The Archives of Gynæcology, Obstetrics and Pædiatrics, published by Leonard & Co, of New York, will appear in future *monthly* instead *bi-monthly*.

It is estimated that there are in the State of Illinois between 1500 and 2000 physicians more than are necessary to supply the legitimate demand for professional services. It is probable that an equal proportion prevails in other States.

Dr. Charles W. Chancellor, Secretary to the Maryland State Board of Health, left for Europe, during the present week, for the purpose of investigating the most modern systems of sewerage in European Cities. Dr. Chancellor will be absent some five or six months.

The anatomical hall belonging to the medical department of the University of Virginia was destroyed by fire on the 20th of November. The loss is estimated at $8000, a portion of which is covered by insurance. The medical course will not be interrupted in consequence of the loss sustained.

Dr. Henry H. Smith, Chairman of the Executive Committee of the International Medical Congress, announces that the sessions of the Congress will occupy six days. European delegates will consume thirty days in crossing the ocean twice and in attendance upon the Congress.

The Baltimore Academy of Medicine has conferred its annual prize this year upon Dr Frank Donaldson, Jr., and Dr. A. B. Arnold, these two gentlemen have submitted to the Academy papers of equal merit. Dr. Donaldson's paper was on Diaphragmatic Pleurisy and Dr. Arnold's on Circumcision.

The West Virginia State Board of Health, for reasons satisfactory to the Board, refused, some four years ago to recognize the diplomas of the Columbus (Ohio) Medical College. The Board has recently reversed its action and has placed this college on the list of colleges *of good standing*. We have not learned whether the Board has lowered its standard or the college raised its requirements, but we presume the latter.

It is generally stated, says the *British Medical Journal*, that, in cases of poisoning by belladonna, the temperature is lowered, or at least not raised. In nine cases recently observed in Germany by Kratter and Strassna, the temperature was distinctly raised in every instance. If this proves to hold good generally it would afford one more argument for using belladonna as a stimulant instead of alcohol.

The story is told of a man, in Philadelphia, suffering from hernia, who consulted a quack and was given a written guarantee that he would be cured in four months. He agreed to pay the quack eight dollars a month. After three months attention the hernia became strangulated and but for the service of a regular physician the aforesaid patient would have died. Upon recovery he called upon the quack and demanded his money. The quack replied "not one cent will you get from me; all I want is your money; the world is full of just such fools as you." The man departed in sorrow. He recognized the justice of the sentence.

M. Paul Bert, the distinguished French scientist, statesman, and writer died in Paris, on November 11th, at the age of 53 years. He was licensed a doctor of medicine in 1863. His earliest work was performed in connection with physiological experimentation with gases and breathing at high altitudes. He entered politics in 1870 and for ten years was a member of the National Assembly. He was made minister of instruction in the cabinet of 1881-82, and in this position was instrumental in effecting many valuable changes in the educational system of France. His death at so early an age is a great loss to his country and to science.

Commenting upon the death of M. Paul Bert, the *Medical News* states that it is interesting to note while in this country and in England the profession has not yet produced a politician of the first rank, there have been several on the Continent of Europe. Of these Virchow is the veteran, though the conditions of life in imperial Germany have never enabled him to achieve the success which Paul Bert had in republican France. In Italy, Professor Bacelli has been a minister of the crown, and in France Dr. Clemenceau remains as one of the most trusted leaders of the people.

The *Medical Record*, in a discourse upon Left-Handedness, asserts that "Right-Handedness is the price which we pay for a higher civilization and greater mental acquirements; while left-handedness would seem to be a step backward and a tendency to a reversal towards primitive man." The unfortunate possessor of a long beard and left-handedness, in the estimate of our witty contemporary, is in danger of a reversal toward ignorance and crime, whilst the owner of a high forehead and shining pate is in direct line of progress toward higher moral and intellectual superiority. The talented and ingenious editor of the *Record* undoubtedly possesses a bald head, a smooth face and a dextrous right hand. Upon what other theory can we explain the high intellectual excellence of his editorial performances?

Original Articles.

A CASE OF PUERPERAL ECLAMPSIA.*

BY WILMER BRINTON, M.D., OF BALTIMORE.

At a meeting of the Clinical Society of Maryland, held April 16, 1886, I had the pleasure to read a paper on Puerperal Eclampsia, with the relation of some cases of the same which had occurred in my practice during the past ten years. The paper was afterwards published in THE MARYLAND JOURNAL, Vol. XV., page 105. Although disclaiming the use of the lancet in the treatment of this disease to be a hobby of mine, still in this paper I maintained that in many, if not the greater number of cases, blood-letting is the treatment which gives the promptest and most decided results. At the meeting of the Medical and Chirurgical Faculty of Maryland, held two weeks later than the meeting of the Clinical Society, Dr. George W. Miltenberger, of this city, read a masterly and exhaustive paper on the same subject, and with certain restrictions took substantially the same ground in the treatment of the disease under consideration. The paper unfortunately I did not hear, but I have read it with much interest in the Transactions of the Medical and Chirurgical Faculty of Maryland for 1886. Judging from the published report it was favorably received by most of our learned State Faculty. One gentleman loudest in his criticism said, "If we put the doctrine of the value of blood-letting in the hands of young men who cannot tell the difference between congestion and anæmia the consequence may be most injurious." This was to mind an illogical argument against the treatment of the disease suggested by Dr. Miltenberger, and to say the least an unmerited attack on the younger members of the profession of medicine. If a young medical man is competent to decide in what form of heart trouble to use digitalis; whether a case is a proper one for amputation; whether this be an abscess or an aneurism; when forceps are to be used to save the life of the child and relieve the exhausted mother, why should the same young medical man not be competent to decide in puerperal eclampsia whether blood-letting is *indicated* or not? In my previous paper mentioned before, I expressed the opinion which I now reiterate that the greater number of cases of puerperal eclampsia is due to centric causes and of these uræmia is the fountain head of the evil. The term uræmia, as Lusk puts it, "signifying of *course* the action, not of a single constituent of the urine, but of all excrementitious principles combined with that of increased arterial tension," and in these cases I claim the best results are produced by venesection, believing with Spiegelberg and others that it will lower arterial tension, diminish to the fullest extent practicable the irritation of the vaso-motor and convulsion centers and restore to the kidneys their normal action better and more completely than any other agent. In support of this view I *have the pleasure of reporting* a case of puerperal eclampsia which has *occurred* in my practice during the past month.

About the first week in September, 1886, I was engaged by Mr. C., of 336 North Broadway, to attend his wife in her first confinement. I had known his wife, Mrs. Mollie C., for some years and had been for the past five years her parent's physician, but had never been called to render the young lady any service, she was always a picture of health, very robust, though short in stature. A few days after being engaged by her husband I called to see her, and found that the first day of her last menstrual period had been January 10, 1886, and counting 280 days from that time, the day for her confinement would probably be "on or about" October 17th, 1886. The lady herself said that she felt well, but had "more backache than usual," while some member of the family said laughingly in her presence she was as "cross as a bear." I left giving some direction about her nipples, and prescribing pulv. glyceriz. comp., for constipation

*Read before the Medical and Surgical Society of Baltimore, November 10, 1886.

if necessary, and I saw or heard no more of my patient until Tuesday night, Oct. 12th, when I was asked to go and see her for "pains in her stomach." Upon arriving I found her lying in bed, complaining bitterly of a *gone* or sinking feeling, with some pain in the epigastic region, which had prevented her from resting or sleeping for some twenty hours. Upon making a vaginal examination I decided she was not in labor and left, ordering for her kalii bromidi, grs. xx, with tinct. opii deod. gtts xv, in water every two hours until sleep was produced. Was called to see her at 7 o'clock next morning and found that in spite of remedies given she had not had much rest, although the unpleasant feeling and pain in epigastric region had disappeared. But she was having pains which indicated that true labor had set in; upon examining her *per vaginam*, found the cervix beginning to dilate, the child presenting vertex, the bag of waters unruptured; on external examination found the child's back to the mother's left (first position) and the child's heart could be heard distinctly, beating 136 times per minute. I advised my patient not to remain in bed, but to move aronnd, which advice she took, and went down stairs to get her breakfast and dinner. I saw her two or three times during the day, and found labor progressing slowly. At 7:30 o'clock at night I went to her house and remained with her. Upon examination *per vaginam* I found the "os" dilated to the size of a dollar and the child's head coming down into the cavity of the pelvis. The patient bore her pain badly, as soon as they came on she would begin and roll from one side of the bed to the other, making her *pains apparently ineffectual.* At 9 o'clock, P.M., while examining her during a pain the "bag of waters" broke, probably due to some carelessness of my examination. From this time on her pains grew more intense and she began to complain of severe headache. She then became very impatient, and begged me over and over again to use the forceps to relieve her. As the "os" was not dilated I informed her the proper time had not come for me to do so. At 9:35 while sitting at her side assisting her she had quite a severe pain, just at the close of which she said "what is the matter," oh! my head, oh! my head, and immediately had a violent convulsion which lasted long enough to give her an intense cyanosed appearance; in a minute or two she became rational but kept complaining bitterly of her headache. At this time her pulse was rapid but had an impulse to it, and her eyes looked like coals of fire. The ocular and palpebral conjunctivæ being so much conjested. Under these circumstances I determined to deliver her at once, and sending for assistance, Dr. J. A. White of North Broadway kindly and promptly responded, bringing with him a pair of Hodges' Forceps. Chloroform was at once given by Dr. White, and I applied the forceps through an imperfectly dilated cervix and after considerable traction continued "off and on" for twenty minutes, I succeeded in delivering a medium sized living male child with a slight laceration of the cervix, but none of the perineum. Twenty minutes after the birth of the child the placenta was expelled by the Crede method, and the vagina and uterus washed out with a 1 to 3000 solution of hydrarg bi-chloridi; within thirty minutes after the birth of her child she had her second convulsion which was more severe in character than the first; chloroform was given by inhalation among the convulsions and followed by kalii bromidi, grs. xxv, with hydrate of chloral grs. xx, every two hours. Dr. White having left I concluded to remain with my patient the balance of the night and the subsequent history of the case proved that I did right, for at 12 o'clock, my patient had her third convulsion, at 2 A.M., had her fourth, at 4 A.M., her fifth and a few minutes before 6 o'clock her sixth. This in spite of rapid delivery, kalii bromidi and hydrate of chloral in decided doses, with two hypodermic injections of morphia one-third of a grain each time, and chloroform faithfully administered during the convulsions. The condition of my patient at this time seemed to me critical, and as evidence of the intense congestion continued, by the hard and

full pulse and fiery eyes, I determined to take some blood from the general circulation, and so expressed my determination to the husband and asked if he wished further consultation before doing so. He decided in favor of my proposition and held the bowl while I opened the median vein of the left arm and allowed the blood to flow to the amount of thirteen ounces by actual measurement. Some twenty minutes after the venesection my patient had her seventh and last convulsion, which was slight in character in comparison to the others. During the balance of the day she was kept fully under the influence of morphia given *hypodermically*. Immediately after her last convulsion I emptied the bladder of about four ounces of urine and late in the evening removed the same amount; upon examination I found the specific gravity to be 1008 and heavily laden with albumen. Dr. White saw the patient again with me that day and continued on with me in the case for two or three days. After the first day our patient steadily improved. The kidneys soon regained their function. The amount of water passed was about normal. The specific gravity became normal. She had kalii bromidi and chloral for several nights; iron and Buffalo lithia water through the day, and a liberal diet of milk, chicken, etc.

About her seventh or eighth day she had quite a severe attack of cystitis, which detained her a week longer in bed and later on suffered somewhat from obstinate constipation, due probably to the iron she had been taking, but now at the end of her fourth week she is ready to go down stairs, and is fully as well as the average woman four weeks after confinement. In conclusion *Mr. President and Gentlemen*, permit me to say that I saw as good effect from blood letting in this and other cases of puerperal eclampsia as I ever have seen from opium in pain, quinine in fever, digitalis in heart disease, or mercury and iodide of potash in syphilis, and can fully agree with the distinguished essayist of the State Faculty, when he says, "In cases of puerperal eclampsia in which venesection is indicated, I challenge the world to a remedy so potent for good."

THE MEDICAL SERVICE OF THE U. S. PENSION BUREAU.*

BY P. S. CONNER, A.M., M.D., OF CINCINNATI, OHIO.

Professionally we come in official relation with the general Government in the inspection of recruits for the army and navy, the medical care of soldiers, sailors and boatmen, and the examination of applicants for pension, original and increase. The medical corps of the army and that of the navy can be entered only through rigid examination. The merchant sailors and river boatmen are cared for in the Marine Hospital service, by those who have passed an examination yearly becoming more severe. Neither chief nor subordinate in the war, the navy, or the treasury departments has aught to do with the selection of medical officers, and in none of the competitive examinations is regard had to political affiliations or party interests. The result is the existence of bodies of medical men capable, learned, honorable and honored.

The examining surgeons of the Pension Bureau, now numbering twenty-three hundred, are the appointees of the Commissioner of Pensions, selected from the local practitioners because of personal friendship, of influential recommendations, or for political reasons; holding office only so long as may be agreeable to the appointing power. A few of the reviewing examiners at Washington owe their position to having successfully passed competitive examinations; but their tenure of office is an uncertain one, and some of those best qualified have been removed upon the occurrence of a change of administration. The medical positions under the Pension Buraau, therefore, are among the offices which are of the party spoils, belonging to the victors, to be given to those whom it is thought best, for political reasons, to secure and reward. Good men have often, incompetent men not seldom, been selected. The duties of an examining surgeon are peculiar. Pen-

*Read before the American Academy of Medicine at its Annual Meeting, at Pittsburg, Pa., October 12th, 1886.

sions are granted for injuries and diseases received or contracted in the military and naval service, and in the line of duty. The present physical condition is, therefore, first to be determined. Is the applicant sound or unsound? And, if unsound, is the disability that for which pension is claimed? Subjective symptoms are so generally and so largely magnified (especially has this been the case since the passage of the "Arrears of Pension Act"), that little or no regard can ordinarily be had to them. The objective symptoms may be easily recognized, or be so ill defined that their determination is a matter of great difficulty. If a gunshot wound has been received which has caused manifest disability in loss of limb, in injury of bone or joint, in destruction of tissue, in grave impairment of nutrition, in evident neuralgia, or in marked disfigurement, there is no question but that the applicant is damaged. If there be present positive disease of lung or heart or liver or kidney, it will be indicated by the ordinary symptoms of such visceral affection, and the subject of it is evidently a diseased man.

But, on the other hand, the alleged complaint may be one the dectection of which will require prolonged investigation or special skill, as in the examination of the eye, the ear, the throat, the nervous system, or be, as it not so very rarely is, an affection which can be simulated; and some old soldiers never lose their skill as malingerers. Existence of disease or injury being recognized, the examiner has next to determine whether or not it probably depends upon military service. In many cases such determination can be made only after careful consideration of the applicant's history, and is therefore not so much within the province of the examiner as of that of the authorities at Washington, who are, or are supposed to be, in possession of a full record of the physical condition from the time of enlistment on. But oftentimes the probabilities of a direct dependence, or otherwise, upon causes in action nearly twenty-five years ago can, and therefore must, be established by the examining surgeon. How much likelihood is there, for example, that to-day's advanced tuberculous disease of the lung depends upon the exposure of camp life or the pneumonia of 1863? Is the present hepatic or renal disease a legitimate result of army life, especially in view of the fact that the man is evidently a hard drinker? Are the varicose veins of the leg or the scrotum due to hard marching or rough riding, or are they the result of occupation or of developmental changes that took place at and about the period of puberty, before the man went into the army? Again, is not the present disability the result of syphilis or gonorrhœa, and therefore not incurred in the line of duty?

Further, the examiner having recognized the disease or injury, and having satisfied himself that it is the result of legitimate causes entitling to pension, must determine in what degree it unfits for manual labor—in other words, must rate the disability. Here, certainly, is a wide field for the exercise of good judgment based upon knowledge of the ordinary and to be expected effects of an injury or a disease. Even the most hurried glance at what is required of an examining surgeon will suffice to show that he ought to be well educated, experienced in the detection of pathological conditions, of good judgment, honest and independent, having regard solely to what is right and just to the applicant on the one hand and the Government on the other. Besides the 365,783 pensioners now on the roll, there are 168,619 claims pending, and 111,412 rejected claims, many of which may hereafter be reopened. It is probably safe to say that from 150,000 to 200,000 may have to be examined in the near future, at a probable expense, if the present system is continued, of not less than $600,000. Upon the certificates of the medical examiners a first payment of probably not less than $30,000,000, it may be $60,000,000 or more, will be made.

In view of what is required of the examiners, and of the immense expenditures which must be affected by their decisions, is the existing system for the best interests of the individuals or the

Government? The method of appointment is not likely to secure the services of those most competent to investigate complicated and doubtful cases. The large number of appointees necessarily causes great variations in the rating of practically the same disease or injury, with corresponding injustice to those pensioned. Local prejudices for and against the applicants are likely to exist in direct proportion to the number of localities in which the examiners reside. Would it not be far better to have a small permanent corps, adequately paid, not engaged in private practice, but occupied solely with the work of examining applicants? The establishment of such a body was a few years since strongly advocated by the authorities of the Pension Bureau. Without hesitation the question may be answered in the affirmative, provided that the personnel of the corps be determined by the results of thorough high-grade examinations, in which due regard is had to "aptitude for service." But if its members should be simply selected by the Medical Referee, by the Commissioner, by the Secretary, by any official, high or low, the greatest of the existing evils would be perpetuated.

I have long thought that the best of all plans would be to entrust pension examinations to detailed officers of the medical corps of the army and navy, familiar as they are with the mental, moral and physical peculiarities of enlisted men, and with the effects of prolonged service. That this might be done both corps would have to be considerably enlarged. There might, for example, be added to the army medical staff sixty, and to that of the navy twenty assistant-surgeons. Then, in like number and proportion, eighty experienced medical officers could be assigned to pension work at forty different places in the country; the Government, if necessary, paying the traveling expenses of applicants ordered to report at the central points. Their examinations would be carefully and thoroughly made, without fear, favor or affection. Deserving applicants would get what they deserve, and the ratings would be far more uniform than at present. The cost to the general Government would be materially diminished. There would be no more complaints or charges that pensions were recommended or advised against because of the applicant's connection with this or that political party. That so small a body of examiners might the more readily and certainly do the work at present performed by thirty times their number, they should be relieved of a large part of that clerical labor that now consumes so much of the time devoted to examinations, labor that could as well or better be done by ordinary clerks or stenographers.

Professionally, whether there was a special new corps or enlarged old ones, we might expect benefit in the recorded and reported present condition of the soldiers and sailors of twenty and more years ago. The end results of excisions and amputations, for example, might be determined, as now they cannot be. The slowly developed organic changes arising from or at least associated with known causes, and not dependent upon time, occupation, and habits, could be studied and analyzed. The Government would be benefited, meritorious soldiers and sailors in some degree rewarded for privations, sickness and wounds, scientific medicine advanced, and regard be had to the just demands for an elevation of the plane of medical practice.

"STOP YOUR COUGHING."

BY THOMAS F. RUMBOLD, M.D., OF ST. LOUIS, MO.

"Stop your coughing! You cough fully twice as often as you need to do." If patients will resist the tendency to cough and endure the sensation that seems to cause it, they will soon notice they may reduce the number of coughs from one-half to two-thirds, and then when they do cough, they will be enabled to raise sufficient secretion from the throat to slightly relieve it of the sensation that is partly the cause of the cough.

I am satisfied, from many year's ob-

servation, that the sensation that first induces the cough, arises from irritative inflammation located behind the soft palate, fully three and a half inches above the place of sensation in the throat.

It is evident that even if a throat is healthy and an inflammation, three and a half inches above it, causes a persistent and frequent cough, this cough could not last many weeks without occasioning so much irritation in the throat, that it also would become diseased, and it is also evident that the sensation in the laryx, caused by a distant irritation, cannot be relieved by frequent coughing, nor will the cough relieve the irritation located up behind the soft palate, as it has not the least effect upon the irritated spot. This shows the great importance of controlling, to suppression if possible, a non-relieving cough. There is far more probability of an anodyne application relieving a little finger that is benumbed by a blow on the elbow, than that a cough would remove the sensation in the throat that is caused by an irritation due to inflammation or to a lodgement of a secretion behind the soft palate.

I have known patients cough, on an average, ten times every five minutes for two hours in the morning, making two hundred and forty spasmodic efforts to relieve the throat of tickling sensations. Now, this is tiresome to a weak individual and the relief of one-half of their efforts may be sufficient to prevent the throat from becoming inflamed and thus prevent the lungs from being implicated in the disease. If a healthy individual will cough two hundred and forty times in two hours every morning—not to take into account the very frequent coughing through the day that is done by every such patient—he will, in a few weeks have his throat so highly inflamed that he may require medical aid for its relief.

A good method to help one to control the cough, is to mark each cough on a card, preserve this card and endeavor to decrease the number of coughs each day. I have known patients to decrease these efforts 75 per cent. One patient coughed one thousand and eighty-five times on the first day's tallying, on the next day she coughed four hundred and fifty times, on the next, only two hundred and twenty times. This may seem to some to be trifling work, but the result is *always* beneficial to the cough and to the strength of the patient. Some patients have tried to control the cough without marking each effort down, but they are not certain as to the degree of decrease or increase of the cough; there is no doubt but that a patient will be more certain of success in controlling his cough if he marks every effort on a piece of paper; under these circumstances the mental effort will greatly assist in resisting the sensation of tickling in the throat.

Society Reports.

CLINICAL SOCEITY OF MARYLAND.

STATED MEETING HELD NOV. 5, 1886.

VESICO VAGINAL FISTULA, VESICAL CALCULI, DILATED URETERS AND SUPPURATION KIDNEYS.

Dr. C. F. Bevan presented the above specimen.

The patient first came under observation in September, 1871, suffering from stone in the bladder. She gave the following brief history of her trouble, viz:

Elizabeth A., æt. 36, married, no children, good family history. Her trouble dates back some six years, and is by her ascribed to a difficult labor which was terminated by forceps. Following the labor extensive suppuration ensued by means of which the posterior wall of the bladder and upper and vaginal wall sloughed. Gradually symptoms of pain, bloody urine, and general vesical uneasiness had developed. She was examined by Dr. Bevan, September 17th, 1871, a stone was at once recognized. The vagina at that time was found to be a mere cul-de-sac without any trace of uterus, though this organ could be felt per rectum, and could be plainly made out by bi manual palpation. On the

left upper side of vagina an opening leading into the bladder was made out through which most of the urine leaked.

September 19th 1871 the urethra was rapidly dilated and a phosphatic calculus weighing one and a half ounces was removed. She made a good recovery and regained full power over the bladder in forty-eight hours.

When the finger was in the bladder at the time of operation, search was made for the uterus. The neck could not be found, but at one side of the bladder a *puckered*, constricted opening was felt; it was believed to be the uterine stump devoid of cervix.

October 10th, operation was done for the closure of the vaginal fistula. Unfortunately the operation failed, though the size of the fistula was diminished.

She reappeared December 15th, 1873, and a stone weighing a half an ounce of phosphatic character was removed; again November 26, 1878, stone a half ounce; September 9th, 1880, stone a half ounce.

The patient entered Bay View Hospital and died there October 7th, 1886. From the official report of the autopsy the following account is condensed.

"E. A., age 55, etc.—The genitalia were removed together with the kidneys; bladder small, cavity almost obliterated and filled by a large rough stone firmly fixed. The vagina was opened posteriorily about three inches from the anus. It ended apparently in a cul de-sac. Into this there was an opening on the left side as large as a pea, a calculus projected into this opening. The uterus was cut open from above. Its mucous membrane was red and gangrenous and contained some small phosphatic masses. At the lower extremity of the uterus there was a large dilatation, whether belonging to uterus or vagina could not be made out. In this dilatation were two large calculi which were worn perfectly smooth where they were in contact. One of the calculi was directly continuous with the large stone in the bladder. The kidneys were dilated, and filled with gangrenous stinking pus; their pelves were inflammed; ureters dilated and inflammed."

It is probable that at the time of her labor the cervix uteri and posterior wall of bladder sloughed. In the process of repair the uterine stump became adherent to bladder and vagina, whilst the floor of the bladder became attached to the floor of the vagina, save at one spot, that of the fistula. Hence the vagina became shortened to a mere cul-de-sac, the uterus emptied into a pouch behind the bladder and thus two cavities were formed communicating with each other, viz.: a part of the bladder in front and a portion of the vagina behind. The posterior pouch could not empty itself, and urine decomposed the constantly forming calculi.

DISCUSSION.

Dr. A. F. Erich said he had seen the patient during her lifetime. He did not make any examination at the time, as the woman refused to enter the hospital. Regarding the method of removing the stone in such cases he would always dilate the fistula in preference to dilating the urethra. Several recorded cases demonstrated the serious damage that has resulted from removal of calculi through the dilated female urethra. Rather than resort to this method he would cut through the vesico-vaginal septum.

Dr. W. E. Moseley remarked that in cases of vesico-vaginal fistula, whether created accidentally or purposely, there was a marked tendency for the accumulations of phosphates in the bladder and vagina and external genitals. This condition could in a great measure be prevented by keeping the urine markedly acid by the use of tr. muriate of iron with perhaps the addition of an extra amount of hydrochloric acid or by the use of a solution of benzoic acid. By thus keeping the parts clean and at the same time improving the patient's general condition the chances following operative procedure for the closure of the fistula were greatly improved and the danger from reformation of a phosphatic stone reduced to a minimum.

Dr. W. P. Chunn thought it a very interesting case. He was of the opinion that a stone very rarely reformed after

removal through the vesico-vaginal septum, but thought that in this case the blood entering the bladder might serve as a nucleus about which the phosphates could collect; that the cases of reformation are generally those in which there is present a chronic cystitis and the phosphatic deposit is not thoroughly removed.

Dr. J. E. Michael said he had had experience with this same patient. On one occasion he had removed a calculus partly through the urethra and partly through the fistula. After the operation the bladder was kept washed out with nitric acid as strong as practicable, but the woman being an opium eater and in every way a thoroughly unsatisfactory patient, left the hospital before any permanently good results could be achieved.

Dr. J. H. Branham thought that in the case presented, it would be impossible to keep the pouch, at the mouth of the uterus drained and that the formation of calculi could not be prevented. He did not believe that the patient could be cured by any operative procedure.

Dr. A. F. Erich considered that the patient was too unmanageable to be cured by any treatment. Six years ago he operated on a case of complete loss of vesico-vaginal septum, by drawing the posterior lips of the cervix down and attaching it to the anterior edge of the fistula and by so doing the uterine secretions and menstrual blood were all emptied into the bladder. The patient had done perfectly well and there was no sign of any stone in the bladder.

Dr. C. F. Bevan, in closing the debate, said that the general treatment spoken of by Dr. Moseley had been carried out as fully as was possible under the circumstances. He had found it impossible to keep the pouch at the os uteri drained and every attempt to close the fistula had failed.

ALUMINIUM PROBE FOR DILATING THE NASAL DUCT.

Dr. Samuel Theobald showed a probe made for him by Charles Willms, of aluminium, for dilating the nasal duct. The special advantages were that is was very much lighter and somewhat stiffer than that made of pure silver and the surface has a peculiar slipping quality rendering its passage through the duct more easy than either the pure silver or nickle plated probe. Although he uses styles very seldom, in exceptional cases he is obliged to, and finds the extreme lightness of those made of aluminium a very great advantage.

A CASE OF SQUINT.

Dr. Herbert Harlan related a case of squint in which the left eye turned downward. He cut the inferior rectus of that eye and as a result very nearly corrected the deformity. He then cut the superior rectus of the other eye and thus got the two eyes on the same plane. At first the deformity was nearly as great as before owing to the fact that the eyelids did not at once change their relative position to suit the respective eyes. This is being gradually accomplished, however, and he thinks that in a little while the edges of the eyelids will take their usual position in relation to the pupils. The case was complicated by a myopia of—$\frac{5}{5}$ in the sight and a compound myopia astimatism in the left. The left required a correcting lense of—$\frac{5}{5} = \frac{1}{L}$ eye 180.°

DISCUSSION.

Dr. Theobald had a case somewhat similar. When both eyes were used there was binocular fixation, but if one eye was covered there was a movement of the other eye up or down, according to the eye examined. The condition was relieved by using prisms of only 1°, the base of one being downward and the other up. The patient, a boy of about 10 years, was very dependent upon his glasses.

Dr. A. Friedenwald had lately seen a case of downward squint in one eye, which, being congenital and combined with ptosis, he considered could not be cured by operation.

He had also seen a case of a lady who had a small vascular growth connected

with the upper eyelid. He cut it off, but failed to check the hæmorrhage with per sulphate of iron or nitrate of silver, succeeding only with pressure applied for several days. He afterwards tried electrolysis, the immediate effect of which seemed to be to exaggerate the growth; but, after an interval of about three months, he found that the tumor had shrinked up very remarkably. He desired to call attention to the fact that electrolysis did not in all cases promptly destroy such growths.

Dr. R. Winslow had had electrolysis used for the removal of some small vascular growths on his own body, had found that there was a very decided amount of pain connected with the procedure. He thought its effects were due to its caustic action.

Dr. I. E. Atkinson said that electrolysis was effective in only a certain proportion of cases. Its action is not generally that of a caustic, as there is not enough heat generated to cause such action. He considered it the only reliable method for the removal of superfluous hairs. When it fails for this purpose, it is owing to the fact that the needle does not follow the course of the hair follicle. If properly used, it does not leave a scar. This much is seen only when the needle has to be repeatedly introduced into the same hole. The amount of pain experienced depends both upon the person and the manner in which it is used. The proper way is to introduce the needle attached to the negative pole, and then let the patient squeeze the sponge. When froth shows itself around the needle, the work is done. If the needle is withdrawn without breaking the current a shock is felt, otherwise none.

He has used electrolysis in certain other cases without success. In acne rosaceæ introduction of the needle along the line of the blood-vessels will blanch the surface, but the vessels are not destroyed. He thinks excision of the vessels a better plan. Very small nævi can be removed successfully, but, if large, the operation has to be repeated so frequently as to be of no advantage. In the very small branching red spots, "spider cancers," so-called, this method has been used by others with success.

If we set up a destructive action in parts of an area the pressure of the scar-tissue, so formed, may cause disappearance of the morbid growth. He thinks the electrolysis has no other action than that which is immediate.

Dr. Harlan had used electrolysis for the destruction of hairs. He thinks the degree of pain depends upon the situation of the hairs. Had found but little signs of pain when used upon the thicker portions of skin, but considerable when the skin was thin and delicate as about the eye-lids.

Dr. Theobald had found that a single zinc-carbon cell, with electropion fluid, would raise a fine palatinum wire to a white heat. He considers that a similar result would follow the use of a fine steel needle, and that the action is practically that of a galvano-cautery.

Dr. I. E. Atkinson considers that if the action was that of a caustic there would be an escar formed. In electrolysis a froth is found and no escar. He thinks that it has been demonstrated that it is a true electrolytic and not a caustic action.

Dr. R. Winslow said his experience was that it did form first a white and then a black escar.

Dr. T. S. Latimer said he was skeptical regarding the ability of any one to follow, with a needle, the tract of a fine hair. He thinks the effect is in the circulation in the immediate neighborhood of the hair follicle.

Dr. G. H. Rohé thinks the experience of dermatologists both here and abroad has clearly demonstrated that one can enter the hair follicle with a needle. He had done it with a needle, the point of which had been purposely broken off. There is no heat produced when a small quantity current is used. He had demonstrated this by holding the needle between his thumb and finger. It is a decomposing effect, as when both poles are placed in water. He believes that in vascular growths a change is brought about by which, although the growth does not immediately disappear, it gradually shrivels up. This may be brought about by an increase in the fibrous tissue. The same treatment has

been successfully used in hypertrophic scars, a number of punctures being made in the line of the scar. It has also been successfully used in keloids.

HEART DISPLACED BY PLEURITIC EFFUSION.

Dr. William H. Norris exhibited a patient in whom the heart had been pushed completely over to the right side by effusion in left thoracic cavity, and held in that position by adhesions; the apex beat was below the right nipple. There was flatness over the region of the left lung. The patient, a lad of about 19, said the trouble had existed for some four years.

Dr. I. E. Atkinson doubted very much that the fluid had remained in the chest that length of time. The left pleural cavity was now evidently full of blood.

Several gentlemen recognized the patient as one who had been the round of the hospitals and dispensaries, but had always disappeared before any fluid could be drawn off.

Dr. W. T. Councilman read a paper entitled

FURTHER INVESTIGATIONS ON BLOOD IN MALARIA.

Dr. I. E. Atkinson said it had been his privilege to see some of Dr. Councilman's specimens, and to examine some of his cases. One patient, especially, demonstrated the value of microscopical examination of the blood in suspected cases of malarial poisoning. This man came from a malarious district and had suffered from chills, but there was no increase in the size of his spleen, and his liver was rather smaller than normal. Quinia had no effect to reduce the temperature, and the patient developed a hyperæsthetic condition about one of his shoulders. Examination of his blood failed to demonstrate any malarial organisms. A diagnosis of syphilis was made, the treatment changed to iodide of potash, and within twenty-four hours there was a very marked improvement in the condition of the patient.

Correspondence.

MEDICAL LEGISLATION IN MARYLAND.

BALTIMORE, November 27, 1886.

Editor of the Maryland Med. Jour.

DEAR SIR:—In answer to your interrogatory proposed as the heading of your editorial in the issue of November 20—"Shall we have a law to regulate the practice of Medicine in Maryland?" I beg to answer, No! Had the question been, "Have we a law to regulate the practice of Medicine in Maryland?" the answer would be Yes! Judging the future by the past, the only criterion a distinguished American patriot thought applicable to such cases, one may predict with all confidence that what has been, will be. We have seen a bill enacted into a law by the Legislature put aside through the opposition of a handful of gentlemen because, for some reason, it was not acceptable to them. We have seen another bill, as you admit, arrested on its passage through the Legislature by the same gentlemen, and jugulated for the same cause. The plain truth seems therefore to be this—that these gentlemen will not take the initiative to secure needed legislation for the protection of the medical profession in this State, and they will exert all their efforts to prevent others from doing so—"They will not enter in themselves, and those who would enter in, they hinder." Like the children who of old sat in the markets and called to their fellows, "We have piped unto you and ye have not danced, we have mourned unto you and ye have not lamented," so has committee after committee appointed by the Faculty tried to meet the views of these (what the French would call) "Irreconcilables," but without result. It would be an entire mistake to suppose that this feeling is shared by any considerable number ot the members of the Faculty. The fact seems to be that most of the members have never looked into these matters with suitable attention, and

hence not having formed convictions of their own, they have been too often stampeded by panic terror. Courageous enough in the advocacy and maintenance of opinions that have received the assent of their judgment, they may have been startled from their accustomed equipoise by unexpected clamor about a danger that had only an imaginary existence. Since, however, it has been shown that we have a law which meets all needs and will protect, why not enforce it? You certainly misconceive of the theory of our Society's organization when you say that it is only a scientific body and therefore should not involve itself in questions of this nature. The preamble of its charter recites that it was established for the very purpose of regulating the practice of medicine in this State. Again, how can this Society which was designed to be the leader and protector of the medical profession in Maryland, be presumed to be out of harmony with the interests of that professiou? And why should a law acceptable to the profession, not receive the moral support of the Faculty? If the Faculty represents a decimal fraction, a long line of cyphers followed by half a dozen figures, this may indeed be true. But if it consists of a body of units, each having an independent and indisputable value, representing the intelligence of the physicians of this State, it is not, and cannot be true.

The suggestion to confide the duty of securing a law to the State Board of Health, opens up a delusive prospect. It is true that West Virginia and Illinois have availed themselves of this agency, but many other States have not done so. Virginia has a "Board of Medical Examiners" whose members are recommended to the Governor for appointment by the "*Medical Society of Virginia.*" North Carolina, Alabama, Arkansas, California, Texas, all have Boards of Examiners quite distinct from the State Boards of Health, while Mississippi, Louisiana and Georgia do not seem to act through this latter agent (I am quoting from a pamphlet entitled, "One Aspect of the Subject of Medical Examination as set forth in the work of the North Carolina Board of Medical Examiners"). When we remember that State Boards of Health are almost purely political in their features, and reflect simply the party in power tor the time being, and when we recall the corrupt and vicious machinery of party organization, we cannot be hopeful of securing satisfactory results of a purely professional or scientific character from such sources. It would be impossible for such a Board to secure for the profession or for the public a more comprehensive law than the one we have already. One more limited in its scope might fail altogether to accomplish the objects contemplated in its enactment. A Board of Health could operate to no better advantage than the Faculty to secure a law excluding irregular practitioners from the enjoyment of equal rights as members of the Medical Profession. Would the Faculty as a whole be satisfied with a law recognizing this equality? Did not some of its members very recently, when such a bill was actually on its passage through the Legislature, smite their virtuous breasts with undefiled hands (figuratively speaking) and swear a mighty *iusjurandum* (in a figure) that Esculapius should do thus by them and more too, before they would consent to swap therapeutics with uncircumcised Philistines (meaning, in Pickwickian sense, those of a different medical faith)? And if the power of the Board of Health is limited from this cause, cannot the Faculty do as much? Assuredly they cannot hope to obtain larger powers than they possess, and if a change comes it must be, in this respect, a change for the worse. The Board of Health is but the creature of the Legislature, amenable to its authority, and existing only during its pleasure. The best the latter could do for the profession would be to substitute a statute for a charter—the one revokable at its will—the other altogether beyond its control. Reason and common sense alike indicate the choice we should make.

It is to be regretted that you convey the idea that the adoption of Dr. Williams' resolution to refer the question of the present legal status of the "Board of Examiners" to the Attorney General for his opinion, was in the nature of a

compromise. You will readily remember that this resolution was distinctly representative of the wish of the majority, and was adopted as a substitute for my own—to authorize the "Board of Examiners" to proceed to the immediate discharge of their duties under the law. Either resolution would have received the nearly unanimous support of the members, as the one adopted actually did. The resolution quoted by you was not intended to be inoperative, and it most certainly expressed no sense or purpose of inexpediency. You, I think, upon reflection, will admit this to be accurate. It cannot be disguised or ignored that there are a few physicians who hitherto have obstructed successfully enlightened efforts that were put forth for the benefit of their medical breathren and for the welfare of the whole community. It is difficult to discuss their attitude towards this question without expressing opinions which might indeed be unjust, but which arise naturally in one's mind as he considers the policy that has been pursued. That policy, in reference to the reports of committees, and all measures of wholesome reform, seems to be the same that was adopted by Mr. Tackleton towards his crickets—to crunch them. As it is my purpose to discuss the question only upon its merits, and to avoid everything that may excite unkind or angry feelings, I will leave the subject in expressing the hope that no consideration of expediency will prevent the "Board of Examiners" giving full and loyal effect to the resolution of the Faculty.

Very Truly Yours,
E. G. Waters.

Iodoform Ointment in Tubercular Meningitis.—Dr. Martel, in the *Revue des Sciences Medicales*, calls attention to some cases of tubercular meningitis which were all cured by Dr. Warfwinge, a Swedish physician, by means of an ointment composed of iodoform and vaseline (1 to 5). This was rubbed into the shaven scalp, twice a day, five grammes of the ointment being used each time and a cap of some impermeable material worn constantly. The time required for cure varied, in the five cases in which this treatment was tried, from nine to thirty-two days. Dr. Martel remarks that the fact of five patients having been all cured is quite sufficient to recommend this method. "The future will tell us what it is really worth, and instead of remaining passive in presence of this disease, hitherto considered incurable, which has claimed such a multitude of victims, especially in Paris, it is the physician's imperative duty to make trial of every method of treatment which experiment, observation, and clinical experience places within his power." Though Dr. Martel speaks of this treatment as quite new, it was first proposed and employed by another Swedish physician, Dr. Emil Nilsson, who used an iodoform ointment of the strength of 1 to 10. A short account of a case in which it proved successful in his hands appeared in the journal of November 21st, 1885 (p. 983).—*British Medical Journal.*

North Carolina to the Rescue of Maryland. — The *North Carolina Medical Journal* (Nov. 1886) commenting upon Dr. Quinan's proposition to revive the Faculty's charter says:

"It seems to us that Baltimore can no longer fail to approve the passage of such a law; in fact the time seems ripe for its prompt enactment. That city is one of the most popular centres of Southern trade and education, and its patronage comes largely from states having good license laws. It is also a city having medical schools of distinctly different grades—a condition of things that the unwary student who consults only his purse finds out, but too late, when he is himself a defeated candidate before the Board of Examiners of his own State. This is a great injustice, but would find its remedy if the teaching and diploma-awarding bodies were in no way connected with each other.

Furthermore, Maryland, as we are informed, is, or will be, at no distant date, between States—Pennsylvania and Virginia—requiring a license, and therefore is fast becoming a favorite resort of quacks of all sorts, flocking there to enjoy the pursuit of gain without any legal restrictions."

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BALTIMORE, DECEMBER 4, 1886.

Editorial.

THE STATUS OF THE FACULTY'S CHARTER.—In our issue of November 20th, we attempted to explain the position of the Medical and Chirurgical Faculty of Maryland, in respect to the enactment of a law to regulate the practice of medicine in this State. We pointed out the cause of failure of the committee appointed by the Faculty to prepare a draft of a law, and how this committee had been overruled in its work by a subsequent action of the Faculty, even after the proposed bill had been approved by previous meetings of the Faculty and had been submitted to the Legislature. As stated, the membership of the Faculty was divided upon the features of this bill. There were certain members who were not willing to give the moral support of the Faculty to any law which recognized homœopathy. These gentlemen were in the majority and they virtually destroyed the work of the committee. After this attempt upon the part of the Faculty to secure the long needed medical legislation in this State, and its signal failure, the matter was dropped. We believe it would have slumbered until the blowing of Gabriel's horn had not the worthy president, Dr. Quinan, given a new impetus to the subject by proposing to revive the so-called chartered rights of the Faculty.

The Act of Incorporation which gave birth to the Faculty's charter was passed January 20th, 1799. We quote from Sections iv and vi of this Act, that which relates to the subject under discussion.

SECTION IV. "*And be it enacted*, That it shall and may be lawful for the said medical faculty, or any number of them attending (not less than fifteen), to elect by ballot, twelve persons of the greatest medical and chirurgical abilities in the State, who shall be styled the *Medical Board of Examiners* for the State of Maryland, seven of whom shall be residents of the Western, and five of the Eastern Shore of Maryland, whose duty it shall be to grant licenses to such medical and chirurgical gentlemen as they, either upon a full examination, or upon the production of diplomas from some respectable college, may judge adequate to commence the practice of the medical and chirurgical arts, each person so obtaining a certificate to pay a sum not exceeding ten dollars, to be fixed on or ascertained by the faculty."

SECTION VI.—"*And be it enacted*, That after the appointment of the aforesaid Medical Board, no person not already a practitioner of medicine or surgery, shall be allowed to practice in either of the said branches, and receive payment for his services, without having first obtained a license, certified as by this law directed, under the penalty of *fifty dollars* for each offence, to be recovered in the county court where he may reside, by bill or presentment and indictment, one-half for the use of the faculty and the other for that of the informer."

For a number of years after this charter was granted to the Faculty by the Legislature the practice of medicine in this State was regulated in accordance with the terms of the foregoing sections. For reasons which we do not fully comprehend the Board of Examiners, some 30 or 40 years ago, ceased to discharge the duties under the terms of the foregoing sections of the Faculty's charter and the Faculty by its own act thereby suspended its rights as a licensing body. In section 8 of Article III of the Constitution of the Faculty, the duties of the Board of Examiners are now thus defined.

"The *Board of Examiners* shall keep a record of its proceedings, and report them annually in writing to the Faculty.

It shall meet whenever a candidate applies for examination, and shall, at the same time, enquire into the fitness of such candidates to become members of the Faculty, and shall recommend the election of those it deems worthy of membership. It shall also be the duty of the Board at each annual meeting to read to the Faculty the names of all recommended for membership, and also to have all such names posted in the hall of the Faculty. These names shall be voted upon by ballot the day after they are thus announced." * * * * "The Board shall issue a Diploma, as provided by the charter, to all who are elected members of the Faculty." From the foregoing it is seen that the Board of Examiners by the act of the Faculty ceased to enforce the terms of the Faculty's charter and is now simply entrusted with the duty of enquiring into the fitness of candidates for membership.

The question raised by President Quinan, and now urged by the committee appointed to consider the legal points involved, is that the Faculty's charter has never been impaired by any subsequent law passed by the General Assembly and contains at this time full legal authority under which the Board of Examiners can regulate the practice of medicine in the State. The Faculty is asked by President Quinan, and by the committee, to enforce sections IV and VI as originally enacted in 1799. This law, it is claimed, is sufficient to meet the wants of the profession in this State. We have shown in a previous article that the above proposition has been disputed by a large and influential number of members. It has been affirmed that even though the legal rights of the Faculty are sustained by the Attorney General of Maryland, the moral right to enforce sections IV and VI is involved in doubt, and that the Faculty assumes a grave responsibility in moving in this matter. The division of sentiment upon this question is so pronounced that we expressed the opinion that an attempt upon the part of the Faculty to enforce the terms of sections IV and VI would lead to disagreement and rupture in its membership to an unfortunate and lamentable extent.

Those gentlemen who have led the movement opposing the revival of the Faculty's charter have been accused of having in view the purpose of defeating all medical legislation in the State. We unhesitatingly deny this charge as unjust and ungenerous, and totally inconsistent with facts. The assumption upon the part of the Faculty of the responsibility of legislating under its charter of 1799 admits of an honest difference of opinion among its membership, and it is just here that opposition to the proposition of President Quinan and the committee arises.

We confidently assert that the great mass of the profession in this State earnestly desires a suitable law to regulate the practice of medicine in Maryland. But they want no antediluvian code, which was abandoned years ago voluntarily, we believe, on account of its inapplicability to the times; but a law which will recognize the legal status of medical practitioners without regard to dogmas or schools; a law which has a Board of Examiners appointed by the Governor of the State under the recommendation of a united profession; a law which is capable of deciding upon the fitness of a candidate to practice the profession of medicine upon fair and impartial evidence and without reference to outside influences. How are we to secure the passage of such a law as is here indicated? Not in our opinion through the action of the State Faculty as such; certainly not by exhuming its antiquated charter. We should look to outside sources. As the State Board of Health is the proper legal body to father a law looking to the protection of the public from ignorant pretenders and practitioners, professional influence, individually and collectively should center upon this Board and secure its intelligent cooperation and assistance in the matter. A law carefully framed and prepared by representatives from the different local societies throughout the State and submitted to the State Board of Health for its consideration, would, we think, secure its passage by the Legislature and its enforcement by a legally constituted Board of Examiners.

We have no right to assume, as our correspondent elsewhere suggests, that the State Board of Health will fail to perform its full duty in enforcing a law enacted by the General Assembly of Maryland. We admit that the State Board of Health owes its existence to political influence, but this is no valid argument against its ability to secure protection to the profession and public in all matters pertaining to the regulation of medical practice in the State. Our courts, our police system and our City and State governments are exercised by the same political influences, yet we are fully willing to trust our lives, property and rights to these political office-holders. When a political organization shows itself corrupt and vicious the people will rise *en masse* and overthrow it. Can not the profession of this State combine and destroy a corrupt State Board of Health if one is known to exist? We believe it can. The very fact that the State Board of Health is a police body, entrusted by the Governor and General Assembly with the duty of performing well-defined police regulations, is, we think, the strongest argument which can be presented in support of a proposition which refers this matter of medical legislation to this Board. Is this law to regulate the practice of medicine designed to protect the medical profession simply, or is it for the public good? We claim the latter. The medical profession can protect its own interests. It is the public weal that demands our interference in this matter far more than the pecuniary interests of the physicians of this State. If we are actuated in this matter only by our personal interests the sooner we abandon the idea of obtaining legislation the better. To foster this idea degrades the profession to the level of a Trade Union. If we seek to protect the people of this State from incompetent and ignorant men who degrade our profession by claiming its rights and privileges, then we can with eminent propriety coöperate with the police officers of our State in securing their expulsion and degradation.

Dr. Waters, whose advocacy of the revival of the Faculty's charter has been earnest and industrious, assumes that we have now in force in the State of Maryland a law which meets all the wants of the profession. Dr. Waters would have the Faculty revive the law enacted in 1799, which some forty odd years ago was abandoned by the Faculty and has been a dead letter since so far as it has had an influence in regulating the practice of medicine in this State. Why the Faculty abandoned this law we know not, but it is a fact all the same that the Faculty for many years has ceased to regulate the practice of medicine in the State and has given its attention almost exclusively to scientific work. It is no longer a legislative body so far as the general profession of the State is concerned. It simply regulates the ethics of its own membership, conducts a most useful library, holds memorial services over deceased members and meets in annual session for scientific work. The Faculty has a membership of less than three hundred. Beyond the high character of its membership it does not represent one-eighth part of the numerical strength of the profession in the State.

The law which Dr. Waters would have the Faculty revive is not popular with a large number of its own members. It is believed by many to be antiquated and inefficient; certainly it does not fully meet the requirements of the times. We therefore think that there is a just and satisfactory reason why the Faculty should abandon the attempt to revive its charter and to legislate for the profession in the State. The withdrawal of the Faculty from this matter leaves those gentlemen who favor medical legislation in the State in a position to proceed through other channels. We suggest the State Board of Health as the proper body to be entrusted with such legislation as is proposed. If any one will suggest a better plan we will cheerfully advocate it. We repeat, we do not think it possible for the State Faculty to move successfully in this matter. A house divided against itself is sure to fall.

A Baltimore Physician in General Literature.—Literary ventures outside of medicine have been very infrequent among physicians in this State; we therefore welcome the appearance of a handsome little volume entitled "Two Comedies; An Ill Wind; An Abject Apology," from the pen of Dr. Frank Donaldson, Jr., of our city. Dr. Donaldson's writings in medical literature have shown marked evidences of vigor and originality, and his first efforts in the dramatic field have sustained his laurels previously won in scientific work. The two comedies are well planned and admirably executed. The dialogues present numerous points and passages which indicate a keen perception of the dramatic art and an excellent taste and skill in the use of language in reparteé and in dramatic effect. The plot brings to light some interesting phases of social life, so often observed in modern high life, which the author has handled to fine advantage and with decided literary grace and effect.

The aim of the "Two Comedies" is no doubt to amuse and enliven the hour with a story of love humilated and of love triumphant. The author has presented both sides of his drama in a literary effort of enjoyable reading. We congratulate Dr. Donaldson upon the good style and chaste sentiments which abound throughout this little volume. We bespeak for him encouraging success in the field of general literature which he seeks to cultivate. His first effort so skillfully performed should stimulate further achievements in general literary writing. This volume is published by Cupples, Upham & Co., of Boston, on handsome paper artistically designed, its dainty appearance suggesting the character of its contents.

Miscellany.

As Others See Us.—An entertaining writer in *London Truth* discourses about the "Physician Himself" from the lay point of view. He says: "The easy-going general practitioner, whether in town or country, but especially in the country, has always appeared to me to have a delightful time of it. An income of some £500 to £700 a year, plenty of moving about, plenty of intercourse with all sorts and conditions of men, and the satisfaction of doing a certain amount of good, and (all things considered) not much mischief, and being paid for both—these are the charms of country doctoring. I confess I like doctors. They are, for the most part, chatty, pleasant, tolerant men, easy to get on with. The fact is, it is their business to make themselves agreeable, and they get into the habit of being so, even with people who are not, and have no intention of becoming their patients.

Of course, now and then a doctor may find it pay to go in for being habitually rude, and a curmudgeon. Some people—women, I think, more frequently than men—rather like a bear for a doctor. But there is this to be remembered about bearishness—it wants some sort of a reputation to back it. "Rough and Ready" are nags that sometimes go well enough in the medical tandem. But Ready must always go first. A doctor must show himself expert in his business before he sets up to be impertinent out of it. Nobody will put up with impertinence in a young man just starting, and with his spurs yet to win—nobody, that is to say, except the very poor. The very poor and ignorant, I think, like their doctor to be unpleasant, just as they like the medicine to be nasty, and do not believe in it unless it is hard to swallow. When the draught is so horrible that it seems to curdle the soul, then only do they conceive that it "is taking hold," as they say, and will do them good. But although the poor may like the physic to be bitter, and the doctor domineering and rough, these are not the tastes, as a general rule, of the more profitable class of patients. Accordingly, the doctor who means to get on makes it his business to be bland himself, and sees that his prescriptions are as little offensive as the combined resources of chemistry and confectionery will allow.

A doctor may very easily make a fair reputation and a good deal of money without much knowledge of medicine; for this reason, that the science of med-

icine is a closed book to the vulgar. When a man dies, none of the friends (unless there chance to be a coroner's inquest) know in the least degree what killed him. And if you call in some great medical gun at the last moment, the great medical gun is sure (indeed, I believe by the etiquette of the profession he is bound) to tell you that your doctor has "treated the case most judiciously." On the other hand, when a sick man gets well, no one knows what cured him, and the doctor—who was, perhaps, on the wrong track throughout—gets all the credit. Thus, the best—indeed, almost the only—way in which a doctor can convince his patients that he is wise and knowing in his profession is by showing them that he is a clever and well-informed man out of his profession. Of his science as a doctor they are not in a position to judge; but, if he talks sensibly about subjects which they do understand—stocks and shares, and pictures, and last night's debate in Parliament, and has fair luck with his cases—then his patients will trust and swear by him. I remember one very sad illustration of the injury which a doctor does himself who drops behind in his general information. A friend of mine who had married a wife from the county Westmeath (in those days a very "disturbed" district) came home one afternoon from the stock exchange and found the lady in a terrible state of excitement, piling the fire with pill boxes, and throwing "the mixture as before" out of the window. On investigation, it turned out that the doctor had called, and in the course of conversation had innocently and casually inquired: "What is this habeas corpus, can you tell me, Mrs. Blank, which they talk of suspending in Ireland?" To a lady who had grown up from childhood with the habeas corpus perpetually suspended over her like a drawn sword, the ignorance thus displayed was too shocking. Not a drop of that man's medicine, she declared vehemently, should ever pour down the throats of her children. This shows, I think, that the sensible doctor will do well to look into a book occasionally, and to read the morning papers—but of course, not the leading articles. This is a punishment reserved enclusively for the editor.—*Boston Medical and Surg. Journal.*

Iritis.—In iritis there is nearly always great redness of the conjunctiva, and the engorged blood-vessels are plainly seen radiating outward from the corneal margin. The tears flow freely, the eye is morbidly sensitive to light, and there is generally supra-orbital and temporal pain. The red conjuctiva is purely a congestion and calls for no specific treatment. It is often, however, mistaken for conjunctivitis and assailed with nitrate of silver, sulphate of zinc, or acetate of lead collyria, greatly to the patient's disparagement, and often peril. It is certain no local treatment should ever be employed until a diagnosis is made; and, if iritis be present, even as a complication to some other affection, mydriatics are the only medicines to be employed locally.

The only form of conjunctivitis which is ever unattended by inflammatory excretions is the traumatic, and this will always be agravated by astringents. If the pupil dilates readily under the local use of atropine drops and the pain subsides, no other treatment need be employed; if, however, the pain be persistent, active catharsis may, in plethoric subjects, be found highly beneficial. In syphilitic cases the iodides of sodium or potassium should be administered freely. In malarial cases quinine given in one full dose every night until the disease abates. *Do not give any form of mercury in iritis.—Progress.*

Cantharides in the Bites of Rabid Animals.—Dr. Karchevski mentions in the *Russkaya Meditsina* that he has successfully treated some patients who had been bitten by a rabid wolf with cantharides, The wolf attacked three men, inflicting on the first a large and deep wound in the left groin, a piece of skin several square inches in area being torn off. The other men were wounded in the face, legs, and arms, but more superficially. Still the bites of a rabid wolf are well known to be peculiarly dan-

gerous. Dr. Karchevski remembered a conversation he had had with Professor Lashkevich, in which the latter had suggested cantharides as a remedy in hydrophobia, and he therefore made up his mind to give it a trial. Cantharides plasters were applied to all the wounds, and powdered cantharides was administered to each of the three patients in doses of a grain a day. The internal administration was continued for a week, until the patients complained of some heat in the urethra. Seven months having passed, and all the patients being still perfectly healthy, the author thinks the case worth recording, though he is quite aware that *post hoc* is not necessarily in this instance *propter hoc.*—*Brit. Med. Journ.*, Nov. 6, 1886.

Potion Used in Diabetic Thirst.—Duchenne gives the following formula as of value in the treatment of the excessive thirst of diabetic patients:

Potassium phosphate . .	2 parts.
Water . . .	75 "

A teaspoonful of this solution is given twice or thrice daily in a little wine or hop tea.—*Les Nouveaux Remèdes*, Oct. 1, 1886.—*Med. News.*

Laxative Pill.—E. Delpech found the following combination a serviceable one as a laxative:

℞	Res. podophyllin, .	3 gr. xlv.
	Pulv. cumid. sem, .	2 gr. xxx.
	Sapon amygdal . .	1.5 gr. xxii.
	Ext. gentianæ, . .	1.5 gr. xxii.
	Ext. hyosciami, . .	0.5 gr. viiss.

M. Div. in pill. c. Sig. Take one at supper time with the first portion of food.—*Les Nouv. Remed.*—*Cour. of Med.*

The Treatment of Typhoid Fever in the New York Hospitals.—The York correspondent of the *Atlanta Medical and Surgical Journal* gives an interesting *résumé* of his inquiry as to the methods of treatment for typhoid fever in vogue at the larger hospitals of that city. At the New York Hospital calomel is occasionally given early in the disease if constipation exist. This condition is afterwards relieved if necessary by enemata. Antipyrine is given in drachm doses by the rectum, and repeated every three hours if required. It is not administered with stimulants, and no cases of collapse have occurred from its use. Sponging and the bath are also resorted to. During the year the death rate from this disease was twenty per cent. At St. Vincent's Hospital no cathartics are given in typhoid. To reduce temperature quinine is administered in doses of ten to twenty grains. Here they do not give antipyrine, or employ sponging, wet packing or baths. The mortality is forty per cent. At the Roosevelt Hospital calomel is occasionally given early in the constipated cases. Antipyrine is used and cold water applied to the surface by different methods. Constipation during the course of the disease is relieved by an enema every third day. Ten per cent. of the cases died. At St. Francis Hospital calomel is frequently given during the early part of the fever. Antipyrine has been used in large doses, but fifteen grains is now considered enough at once. Cold sponging is also resorted to. The death-rate here was seventeen per cent. Cathartics are not given at the Presbyterian Hospital. Antipyrine is used either in fifteen grain doses every three hours, or thirty grain doses when the temperature rises above 103°F. The bath and Kibbe cot are occasionally employed. For constipation enemata are administered. The death-rate was twenty per cent. At the Mount Sinai Hospital cathartics are omitted in this fever. Antipyrine is largely used. Local applications of cold water is rarely made. Here the death-rate during the year was eleven per cent. In the German Hospital from fifteen to twenty grains of calomel are always given if the patient be admitted before the end of the second week. After this a daily enema is administered if constipation is present. Antipyrin is always accompanied with stimulants, and in two patients taking half drachm doses temporary collapse occurred. Musk in seven grain doses is considered here a brilliant heart stimulant, and is used three or four time daily in severe cases, Camphor-ether is also used for the ob-

ject. The mortality was twelve per cent. In all hospitals milk is the principal food in typhoid fever, and stimulants enter largely into the treatment of nearly all cases.

The Treatment of Pleuritis in Children.—(*Rev. Mens. des Mal. de l'Enf.* [from *Allg. Wiener Med. Ztg.*, 1886, No. 3], May 1886.) Widerhofer.

The younger the child the more difficult of diagnosis is pleurisy and the disease may be entirely overlooked without a very minute examination. After the exudate has formed the diagnosis is somewhat less difficult. Then the child breathes more superficially, there is febrile movement and a cough, which may last several days. The frequent and superficial respiration are the more important indications in making the diagnosis. If there is no exudation in the pleural cavity, the child will lie upon the diseased side. As to the physical signs, at first there is general bronchial respiration, gradually there is dullness on percussion and diminution of the respiratory murmur. Should the exudation be abundant the diagnosis may be readily made, but should it be limited to a small area at the base of the pleura, the diagnosis will be difficult. The sensation which is yielded by percussion is believed to be of greater assistance in forming a diagnosis than the information which is obtained by auscultation.

The prognosis of this disease among children is usually favorable. Thoracentesis will be necessary in case the exudation is not absorbed, and especially in cases in which it is so abundant as to occasion troublesome dyspnea to the patient. Purulent accumulations rather than serous or sero-fibrinous ones cause trouble of this kind, and can usually be correctly diagnosticated in those cases in which an exudation persists longer than fifteen days, the temperature reaching 39.5° or 40° C., morning and evening, while the child steadily emaciates. The crucial test is, of course, an exploratory puncture.

The treatment of purulent pleurisy by aspiration is not followed by the best results, for, in a few days, another deposit of pus has taken the place of the former one. The author believes that it is best treated on the same principle is carried out which is used in treating an abscess. An incision, sufficiently large, is made between the fifth and sixth ribs, the pus is evacuated, a drainage tube is introduced and an antiseptic dressing applied. The patient is usually cured in from two to three weeks. Should the operation be deferred until an advanced period of the disease the pleural cavity must be washed out systematically with a solution of salicylate of soda or of thymol. Phenic acid solutions are dangerous, and numerous cases of poisoning have followed its use. Unless the operation is performed early there will be deformity of the thorax. If the purulent deposit is left to itself it may point somewhere upon the abdominal or thoracic wall, and will be revealed by smelling, fluctuation, and inflammatory edema. In most of the cases of this character, there is a fatal issue.—*Archives of Pediatrics.*

Hospital Sunday Fund.—This year's Hospital Sunday Fund, now in course of collection at the Mansion House, has alrerdy reached more than £40,000, being the largest sum ever received for that object. There are still fifty-four collections from churches and chapels outstanding, besides a bequest of the late Dr. Wakley. If to this amount the sum of £78,700 subscribed since the spring for the relief of the unemployed poor in London be added, an aggregate of nearly £120,000 has been raised and distrib- in aid of the poor and sick of the metropolis alone during the present mayoralty. —*Br. Med. Jl.*

Anti-Diarrhœic Pills. — Trousseau recommends the following formula in rebellious cases of diarrhœa which have resisted treatment by salines:

℞.—Powdered ipecac. . gr. viij.
Extract of opium,
Calomel . . . āā gr. iss.

To make twenty pills.

The dose, one to three pills daily, is continued for a week or longer. — *L'Union Medicale*, Oct. 24, 1886.— *Med. News.*

Medical Items.

Cremation has been legalized in New South Wales.

The *N. Y. Medical Journal* states that there are twenty-nine women studying medicine at the University of Zurich, forty-eight in London, and one hundred and three in Paris.

The Viola Club of New York City, has a membership of 250 members, comprising 69 doctors some of whom were former residents of Baltimore.

Splenectomy for the removal of a floating and hypertrophied spleen was recently performed in New York City by Dr. J. R. Nilson. The patient was doing well on the fourth day after the operation.

Dr. John P. Gray, the well known alienist and superintendent of the New York State Lunatic Asylum at Utica, died on November 29, of Bright's disease. Dr. Gray was born in the State of Pennsylvania and graduated from the University of Pennsylvania in 1848.

The *Midical Record* says: "In a discussion on laparotomy, at the meeting of the American Medical Association, it was stated that in Central Asia little girls were castrated just before menstruation, and in this condition they made useful house-servants."

Mrs. C. R. Agnew, the wife of Dr. C. R. Agnew, of New York, and Miss Grace Dodge have been appointed commissioners of the New York Board of Education. These are said to be the first female political appointments ever made in New York to positions involving responsible trusts.

A colored physician in one of the Southern States, having a forceps case and being unable to apply the instrument, sent for a white doctor, who in about ten minutes extracted the child. Following him to the door, the colored doctor handed him a five-dollar bill, saying that he wanted to pay for his lesson in obstetrics.—*N. Y. Med. Jour.*

Dr. John K. Winders, a graduate of the University of Maryland, class of 1875, and well known to many of the profession of this city, died at the Maryland University Hospital on November 28th. Dr. Winders was born in Ohio but was raised in Pennsylvania. He located in this city after graduation and has since practiced his profession here, having his residence on North Exeter street.

Dr. J. B. Amiss, a well known and popular dentist, died at his residence in Luray, Va., on November 28th, of typhoid fever. Dr. Amiss was sick only two weeks. He was highly respected for his attaiments in his profession and greatly beloved by all who knew him on account of his genial and entertaining manners and his high moral qualities.

Billroth would probably never have been the surgeon he is but for the influence of Langenbeck. The mantle has fallen with a double portion of his spirit. Langenbeck's pupil is not content to let power die with himself, as will be shown by the simple mention of a few of his former assistants and students —Menzel, of Trieste; Czerny, of Heidelberg; Winiwarter, of Luttech; Gussenbauer, of Prague; Mikulicz, of Krakan; Wolfler, now of Graz; and Hacker, of Vienna.—*Ex.*

In response to a call from the physicians of Rockville, Md., a number of physicians from different parts of Montgomery County, met at that place and organized a medical society to be called "The Montgomery County Medical Society." The following officers were elected, President, Dr. Flodorado Howard; Vice-Presidents, Drs. C. J. Maddox and C. E. Iddings; Secretary, Dr. Edward Anderson; Treasurer, E. E. Stonestreet; Censors, Drs. C. H. Nourse, E. C. Etchison, C. G. Stone.

Professor Bandl, who has just been appointed to the chair of Gynæcology (at Prague) has been obliged by ill-health to cease lecturing. Bacteriological classes have been established under Professor Soyka in the German University, and under Dr. Hlava in the Bohemian University, for the purpose of giving instruction in bacteriology to all the district medical officers in Bohemia, who by a recent regulation of the Government are required to pass through a course of practical bacteriology.—*Lancet.*

"*Practice*" is the title of a new monthly medical journal which makes its appearance for the first time during the present month. This latest venture in journalism is edited and published by Dr. J. F. Winn, of Richmond, Va., a gentleman who has had a prior experience in editorial work in connection with the *Sanitary Monitor*. Dr. Winn proposes to make *Practice* pointed, practical, progressive, a strictly "P. P. P." Journal, the aim of which is to give the kernel of current medical literature adapted to the physician's wants in the sick-room. We wish Dr. Winn success in his enterprise and commend his journal to our readers.

In the State of Virginia the law now in force regulating the practice of medicine was prepared by a committee appointed by the State Society. The Board of Medical Examiners under this law is appointed by the Governor from recommendations made by the State Society. Virginia has no State Board of Health properly so-called, hence the necessity of the law emanating from the State Society. This law recognizes homœopaths and has, we believe, three homœopathic physicians on its Board of Examiners. The law is doing good service for the profession we learn, although serious charges have been made against the partiality of its proceedings. Dr. Hugh T. Nelson is the present President of the Board of Examiners.

Original Articles.

ADDRESS MADE AT THE OPENING OF THE SESSION OF 1886-7 OF THE MEDICAL SOCIETY OF THE WOMAN'S MEDICAL COLLEGE.

BY EUGENE F. CORDELL, M.D., PRESIDENT.

Ladies and Gentlemen, Members and Friends:

Permitted by the mercy of an ever kind Providence again to meet together, we are about to inaugurate the work of our Medical Society for another session. Allow me as your presiding officer to extend to you, one and all, a hearty welcome, and to express the earnest hope that our labors during the coming winter may conduce to the mutual benefit of all who may assemble at our meetings, so that we shall be intellectually, morally and professionally the better for having attended them.

In opening the fourth session of our meetings, it may serve a useful purpose to consider briefly the objects and advantages of medical organization in general; to see how far we have realized the one or the other in our corporate existence and to offer such further reflections as the occasion may suggest.

So well recognized are the benefits of combination of those engaged in similar studies and pursuits, that it would seem at first sight unnecessary to argue in its favor. But it is nevertheless the fact, that many members of our profession underrate its value to such an extent that they never enter a medical society, and the great majority of them are not even members of one. They are apparently indifferent to what is going on in the professional world around them and are satisfied with their books and such observation and experience as their limited practice affords. But should our faculties be limited to such a narrow field? And can we afford to dispense with any means by which our knowledge of disease and our ability to deal successfully with it is increased? To set a limit to the acquisition of knowledge is to bury the talents with which the Creator has endowed us and for the use of which we must hereafter give account. The rather should our faculties and senses be continually alert for the reception of knowledge in whatever, or howsoever humble a way it may come.

There can be no question as to the advantages to be derived from the meeting together—as we are met together tonight—of those engaged in the same studies, aspirations and pursuits. They are thus brought face to face and can exchange experience; they may give of their stores of knowledge and receive new supplies from others in return. To tell what one knows is in itself a highly useful exercise. To instruct others is the best self-instruction. Qui docet, discit—who teaches, learns. We thus may render our knowledge more complete, more exact and more readily available. We cannot explain the simplest fact to others without an exercise of our mental faculties, without new suggestions arising in our own minds. In this connection I will quote from Flint's Clinical Medicine, the opinion of that great and revered master of our art upon the advantages of recording cases, which is the form that our contributions here will for the most part take.

"1. It improves the powers of observation and leads to the discovery of personal deficiencies in this regard which may be overcome. The ability to observe correctly is not a natural gift nor does it accompany as a matter of course the acquisition of knowledge from reading or didactic lectures. It is an art to be acquired.

2. It qualifies for describing with perspicacity the symptomatic phenomena in cases of disease. The ability to use language with accuracy and precision in simple description is not an innate faculty but an acquirement.

3. It secures a more thorough study of cases in consequence of more concentrated and prolonged attention than the cases would be likely to receive were they not recorded, and in this way it has a favorable influence on the diagnosis and treatment.

4. By inducing reflection and leading the practitioner to consult standard works

with reference to points of inquiry which arise, it conduces in no small measure to professional improvement.

5. Continued for a series of years it furnishes an accumulation of clinical experience which may be reviewed or referred to with great profit.

6. The analytical study of cases which have been recorded may lead to results which contribute to an enlargement of the boundaries of medical knowledge."

How well qualified Prof. Flint was to speak upon this subject let "the unbroken series of records of cases in private practice and in hospitals begun in 1833 and continued for more than half a century, covering about 17,000 folio pages, of manuscript, written with the author's own hand" and forming the basis of his numerous articles and books testify.

Conversation and discussion are the media by which we exchange thoughts, by which we receive and convey information. Many a barren intellect is made to fructify and bring forth rich fruit by the seed thus sown. No one can be supposed to have realized in his own career all the events which make up the sum of professional experience. No one is privileged to witness disease in all its varied and often rare forms. We should therefore gladly welcome contributions made to the common stock of knowledge by careful and trustworthy observers, and treasure them up in our own intellectual armory for future use when wanted.

But besides the actual increase of knowledge we are stimulated by this contact of mind with mind; our aspirations are aroused, our views of life and nature are enlarged; we realize our true position as not that of isolated parts of a system, but as essential members of a great branch of the restless life and progress of the world around us. We cease to be drones and bestir ourselves to take part in the great questions and activities of the day. We cease to be mere passive receivers and become ourselves givers also. We help others to master their difficulties and light up their steep and rugged pathways. Such a service is like mercy "twice blessed; it blesseth him that gives and him that takes."

I fear in the struggle for success and fortune—or perhaps for a very living—this duty to our neighbor, to our profession, to society, is not sufficiently appreciated. Let us eschew selfishness in our dealings with our fellow-workmen and endeavor to carry out the Golden Rule given us by the greatest of physicians. Let us cultivate *esprit-de-corps* and let us ever cherish the feeling which prompts us to labor for the common good.

The mutual protection afforded to its members is another powerful argument in favor of organization. In other avocations this has been realized far more extensively than in our own, yet instances are not rare in this country and still more in England, in which such protection has been afforded. Suppose an unjust accusation were brought against a member of even this humble body, what a comfort and support it would be in such a trial to have the warm sympathy and encouragement of our fellow-members; how grateful we should feel for their endorsement of our character, for their advice and perhaps for even more-needed substantial assistance! Let me remind you that no one knows how soon he may need such help, for the occupation of the physician renders him peculiarly liable to charges of misconduct by the malevolent or designing or mentally unsound.

The social feature is one which we have wisely incorporated in our programme and much of our success is undoubtedly due to it. I feel sure it will always be a pleasure to recall the evenings we have spent in this building, when wearied by the arduous duties of the hour, we have been called from labor to refreshment and have indulged for a brief season in that informal intercourse which leads us to know each other better and I trust to like each other better too.

How far we have realized the conception I have above given of the objects and advantanges of medical organization in our own institution, I will leave you to judge for yourselves. That we have made a good beginning, however, cannot be questioned. That we have

enlisted the interest of those for whom chiefly our society was founded is beyond doubt. There is evidence that this interest is on the increase, and I for one am sanguine enough to hope that we have a bright future in store for us. Time will develope our membership, will give us greater experience and will thus enhance the value of our contributions to science. It is true that no great discovery has yet been announced in this hall; yet it is not beyond the bounds of possibility that some rising genius may present herself here sooner or later and that suggestions offered here may lead to useful reflection and thought and even serve as channels of important discoveries. Even if we but "look at the same things many times over with new information, new experience, more enlarged minds," each time we will be fulfilling the main purpose of our being here—to extend our knowledge of disease and thus fit ourselves better for the great work to which we have dedicated our faculties and lives.

In conclusion, I would remind you in the language of the eminent Prof. Gairdner, of Glasgow, that "the spirit of medicine is eminently social; that its duties have to be performed among men and that the habit of easy unrestrained intercourse with others is among the first of the lessons you have to learn." Let no one then seek to convert himself into a mere "magazine of solitary erudition," but profiting by the knowledge of difficulties encountered and overcome endeavor to leave behind us

> "Footprints that perhaps another,
> Tr veling o'er life's stormy main,
> A forlorn and shipwrecked brother,
> Seeing shall take heart again."

"Take heed that ye walk worthy of the vocation unto which ye are called."

The Royal College of Physicians of London has received two thousand pounds under the will of the late Gavin Milroy, one of the earliest workers in sanitary science. Dr. Milroy left the above-mentioned sum for the endowment of a lectureship on public health and sanitation.

A UNIQUE CASE OF INJURY TO THE EAR.*

BY LOUIS J. LAUTENBACH, M.D., PH. D.

Assistant Surgeon to the Eye and Ear Department of of the Philadelphia Dispensary.

J. H., aged 36, salesman, came to me February 18th last on account of a ringing, a feeling of fullness and deafness of the right ear, which he said had come on the previous afternoon. Up to this time, according to his statement, his ears had been of equal hearing power, and he had noticed no defect nor suffered any inconvenience from either ear.

On the afternoon of the 17th instant, while walking along the railroad, the New York express, going in an opposite direction, went passed him, his right side being toward the train, when he suddenly experienced a sharp pain in the right ear, which was accompanied by deafness, a marked degree of ringing and of fullness being experienced immediately. The pain soon disappeared, but the dullness, ringing and fullness were present when he presented himself to me.

When examined he had no pain, but yet there was slight tenderness occasioned by pressing on the tragus. The watch (of which the average hearing distance is 52 inches) was heard at 11 inches with the right ear and at 3½ inches with the left. The tuning fork aerially was heard equally in the two ears, but by bone conduction it was heard very much more loudly in the left ear.

The anterior wall of the meatus was found to be quite red, and at about three-eighths of an inch within the tragus a stiff, hair-like body was seen to be inserted; following the course of this body inward it was found to perforate the membrana tympani immediately below and very slightly posterior to the insertion of the manubrium of the malleus. The awn, or beard of wheat (for that is what subsequently the foreign body was found to be), was wedged between the inner wall of the tympanum

*Read before the Philadelphia County Medical Society, October 20th, 1886.

and the wall of the meatus, being bent like a bow. The membrane was decidedly concave outward, it was tense, it was very much congested, particularly along the handle. The outer end of the wheat beard was detached from the wall of the meatus, and by the forceps was withdrawn from the tympanum, requiring an appreciable amount of force—much more than I had expected to exert.

As it was withdrawn, a little pus exuded, and this was followed by a drop or two of serous fluid. The hearing of the ear was now reduced to five inches, but the feeling of fullness, of dullness of hearing, and the ringing, entirely ceased. The left ear being examined showed marked evidences of middle ear catarrh. The tuning fork, by aerial conduction, showed no change, but, by bone conduction, it was heard only slightly (instead of markedly, as before) better in the left ear.

The foreign body was a piece of the awn, or beard, of wheat grain, and was 24 mm. in length; its teeth, or saw-like points, with which it abounds, were directed forward; this explains the force required for its removal, as well as the reason why it lodged so readily in the wall of the meatus.

Admitting that there was occasioned by the foreign body an increased hearing distance, it is an interesting question: How was it produced? It may be that the pressure exerted inwardly was sufficient to bring the stapes into a more nearly normal position, thus improving the hearing; the pressure being removed, the hearing diminished. It is, however, far more probable that the ears were of unequal value before the accident, but that the patient took no note of the difference.

A CASE OF GANGRENE OF THE LUNG.*

BY J. H. MUSSER, M.D., OF PHILADELPHIA.

The patient, at the time of admission to the hospital, stated he had been ill for two weeks with cough and extreme pain in the right side of the chest. Independent of the cough and pain there were no other symptoms. The patient walked to the hospital, and was in fairly good condition. The highest temperature reached while under observation was 102°, falling to normal nearly every morning; perfectly intermitting, without sweats. Physical examination showed at the base of the right lung a cavity apparently near to the surface of the chest. There was, in addition, a very offensive odor of the breath. This was gangrenous in character and accompanied with expectoration of fetid matter. The matters expectorated were frequently streaked with blood. Large quantities of matter were brought up, especially when the position was changed. In the mornings there were violent fits of coughing, with profuse expectoration. The patient slept well, and was not disturbed at night by the cough. As I have said, the patient did not appear to be very sick on admission, and he continued in about the same condition during his stay in the hospital. He did not obey the injunction to stay in bed, but was about the ward the most of the time. The cause of death was hemorrhage. The patient was sitting by the side of the bed, when he was suddenly seized with a severe hemorrhage from the lungs, and died within ten minutes. The amount of blood lost was so great that it was thought an aneurism must have ruptured.

At the autopsy, the right lung was found intimately adherent throughout the thorax, and in the lower lobe of this lung there was a cavity fully the size of two fists, presenting gangrenous walls and filled with clotted blood. On careful examination, the hemorrhage was found to have come from a small vessel in one of the columns which arose from the walls of the cavity. The posterior wall of the cavity consisted solely of the pleura. There was in this position no lung tissue. Between the cavity and the diaphragm there was a thin layer of consolidated lung tissue. Between the lobes of the lung there was considerable pleurisy, and around the cavity consolidation of lung tissue. The left lung pre-

*Read before the Philadelphia County Medical Society, October 20th, 1886.

sented no spots of consolidation. The bronchial tubes were filled with blood, and, on section, the lung showed an exquisite red, white and black marbled appearance. There was no disease of the heart and blood vessels. There were no foci in other parts of the body from which gangrenous emboli could have arisen. The internal ears, however, could not be examined.

From the acute history, the short duration of the case and the evidences of pneumonia around the cavity, I have concluded that this was a case of intense pneumonia, resulting in the breaking down of the lung structure. The only thing which I have regretted in the case is that I did not resort to tapping or opening the cavity and instituting thorough drainage. This would, I think, have been justifiable. The extreme thinness of the wall of the cavity, and its close adherance to the chest wall, rendered this perfectly feasible. If thorough drainage had been resorted to early, the result might have been different. The walls of the cavity were extremely ragged and irregular. The urine was not examined for sugar. It contained no albumin. There was no asthenia or adynamia which might have led to gangrene of the lung. It seems to me to be possible, and has been practiced, that in many of these cases operative measures could be resorted to. In cases of an embolic or thrombotic character, with several cavities, operation could not be resorted to, but in a case like that reported I think that operation would be justifiable.

Society Reports.

PHILADELPHIA CLINICAL SOCIETY.

STATED MEETING, HELD SEPT. 24, 1886.

Dr. Edward E. Montgomery exhibited a set of O'Dwyers tubes for

INTUBATION OF THE LARYNX,

with a description of the method commonly employed for their use. He had used the tubes in two cases, both being successful. In each child the relief of the dyspnœa was as great and as instantaneous as after the performance of tracheotomy. The first child, æt. 6 years, had suffered for twenty-four hours from difficult respiration due to laryngeal diphtheria, and when seen was covered with perspiration due to the effort to respire; the skin was cyanosed, and the substernal region deeply depressed with each inspiration. The condition was such as the speaker usually regarded required tracheotomy, but the surroundings of the patient were not such as would render the result of that operation hopeful. Aided by Dr. West, the attending physician, one of O'Dwyer's tubes was inserted, after a number of attempts, with immediate and profound relief.

Considerable difficulty was experienced in feeding and in the administration of medicine, owing largely, however, he believes, to the want of tact on the part of the attendants. After the administration of some stimulants in the afternoon, the tube was coughed up; the breathing again soon became exceedingly difficult, so that it became necessary, a few hours later, to reinsert the tube, it then remained two days, when it was again coughed up. Subsequent to this the convalescence was rapid and undisturbed.

A second case, æt. 3 years, seen in consultation with Dr. A. F. Chase, was in a more critical condition than the former, here, too, the surroundings were very unpromising for tracheotomy.

The tube was introduced without difficulty, its introduction being followed by great relief.

No difficulty was experienced in feeding or in the administration of medicine; the tube remained in place four days when it was coughed up. It was not necessary to re-insert it, the subsequent convalescence being unimpeded.

The results in these two cases, with their unfavorable surroundings, lead Dr. Montgomery to have great confidence in the possibilities of this plan of treatment.

DISCUSSION.

Dr. West gave a brief history of the case and its treatment before the introduction of the tube. He was called to see the child August 16th, found her with temperature 103° and great difficulty in respiration. He ordered potash chlor. and tinct. ferri chlor. The next morning as respiration was still more difficult, Dr. Montgomery saw the case and introduced the tube. Respiration became easy at once, and the child soon fell asleep. The same medical treatment was continued with the addition of hydrag. bichlor. The difficulty in the administration of food or medicine was its liability to excite a fit of coughing, and it was during one of these attacks that the tube was expelled. After the reintroduction of the tube there was the same difficulty, but by watching the child and not allowing her to become excited there was less trouble.

Dr. Mary E. Allen asked what prevented the tube from passing down into the trachea.

Dr. Amy S. Barton asked which operation was more readily performed, intubation of the larynx or tracheotomy.

Dr. Henry Hartshorne said that he thought that many years ago intubation of the larynx should be used in preference to tracheotomy. A great advantage is that we can gain the consent of the parents and friends to this operation long before they will consent to tracheotomy.

Dr. McCellom said that five years ago he attempted to introduce a soft catheter into the trachea, but was not successful. He has used large doses of calomel in the treatment of diphtheria, in one case grs. x, every hour until ℥ ss had been taken, the temperature was reduced from 104 to 99 in twenty-four hours and the patient was better in every way. He has also used the red-iodide of mercury with excellent results.

Dr. L. Brener Hall said that according to his observation, patients were more liable to die from exhaustion, when suffering from croup or diphtheria.

Dr. Montgomery in closing, said the reason patients, suffering from diphtheria and croup, are so apt to die from exhaustion is on account of the degeneration of the blood from lack of oxygen.

As Dr. Hartshorne remarks, one great advantage of intubation of the larynx over tracheotomy is the fact of gaining the parents consent at an earlier date. The cause of so great mortality after tracheotomy is that it is generally performed too late and the blood has undergone these degenerative changes from want of oxygen. The patient will often seem to revive for a few hours or days, but generally succombs finally.

The speaker said that in the first case he was at work nearly half an hour before he succeeded in introducingthe tube but in the second he introduced it in about five minutes.

There is quite a shoulder on the tube, which rests on the larynx and so prevents it from slipping too far. There is bulging at the middle of the tube which prevents it from being coughed up—though when the membrane loosens the tube has more room, and is then readily expelled during an attack of coughing.

The difficulty in the administration of food may be oviated in children who are not nursing, by giving some solid food. In nursing children the milk is apt to flow into the tube, thence into the trachea. A nursing bottle has been invented with a long tube, which passes back into the œsophagus, there is a bulb attached and by pressure on the tube the milk is forced into the stomach.

Dr. Edward R. Stone then gave verbal reports of two cases as follows:

UTERINE FIBRO-CYSTOMA MISTAKEN FOR INVERSION.

The patient, a married woman æt. 30 years, sought relief from frequent, almost constant metrorrhagia. The hemorrhage had continued ever since the birth of her only child, thirteen months before. Labor was comparatively easy and was super-intended by a mid-wife. The patient was rather stout, but extremely pale and bloodless. Examination revealed a smooth rounded elastic mass in the vagina, connected with the interior of the

uterus by a pedicle, about the thickness of a man's finger. The tumor was about 3 inches in its longest (lateral) diameter. The cervix uteri admitted the finger for a short distance, and this could be plainly felt through the abdominal walls, the body of the uterus appearing to be absent. There was a distinct depression in the uterus above the cervix.

The sound was *not thoroughly* used at this time, so the depth of the uterus was not ascertained.

Some efforts were made to reduce the *supposed* inverted uterus, when the body was found retroflexed and bound down by adhesions. The tumor was attached just within the os internum and its weight had slightly inverted the uterine wall. The mass was readily removed without accident, with the ecraseur.

CASE II.—Patient æt. 35 years, married, has had two natural deliveries at term, and several abortions produced by the passage of instruments. Has had menorrhagia and metrorrhagia for two years. The cervix was dilated, and examination revealed a tumor about the size of a small hen's egg, sessile and attached to the right and posterior wall of the uterine cavity. An operation for its removal was attempted, but was abandoned as the mass involved the uterine tissue so deeply. The mucous membrane was freely dissected from the surface and the tumor enucleated as far as possible. Ergot was afterwards administered and the tumor was forced out beyond the cervix. Some septicæmia, due to sloughing of the mucous membrane ensued, which prevented further operation; and the mass which had formed a new attachment to the interior of the cervix, gradually decreased in size, until a mere thickening of the cervix on the right side is all that remains of the disease. Hæmorrhage has not recurred, the periods being normal in time and quantity, and the uterus of normal size.

MARY WILLITS, M.D.,

Reporting Sec.

Correspondence.

SOME BOOKS WHICH ALL PHYSICIANS SHOULD READ.

BALTIMORE, *Nov.* 30, '86.

Editor of the Maryland Med. Jour.

DEAR SIR: Your recent editorial, under the caption "Some Books That Should be Read by all Physicians," and accompanied by a list of certain medical classics for the purpose indicated, must commend itself to every man of culture in the profession as a very timely and much needed suggestion.

The old adage, "Not to know the past is to remain always a child," applies with peculiar force to the knowledge of medical history, our ignorance of which is certain to lead us into the assumption that the many crude theories and so-called advances of modern medicine, with which the press teems, are new and original, when better information would have convinced us that they are in many cases but rediscoveries of what our Fathers long knew, tried, and, perhaps, discarded. For it is as true now as in the days of Chaucer, that

> "Out of the old fields, as men saith,
> Cometh all this new corn fro' year to year,
> And out of old bookes, in good faith,
> Cometh all this new science that men lere."

The neglect of a wider culture than that afforded by our text books, and the ephemeral literature of the hour, it is, that is keeping so many of us on a mental tread-mill—ever moving without advancing in the knowledge of our noble art. Much of this limited information is doubtless due to defective education and want of early literary training, but much more, I fear, to the accepted maxim of this utilitarian age, that no information is of importance, unless it has a moneyed value.

Ordronaux, in the preface to his very interesting "English Version of the Code of Salernum," rebukes this mercenary spirit so forcibly, that I will be excused for quoting him:

"This School and its Code still live in history, and still meet recognition at the hands of those who most honor themselves when they honor the tradi-

tions and laws, the philosophy and wisdom of their professional predecessors.

Forming, as they do, a professional legacy, they are to be studied for what they have done, not for what they can now do, since, like an heir-loom, their worth lies more in their history than in any presently convertible value. And whenever any man shall be found who carries into the conception of his professional relations and the obligations he owes to them, something higher than a *craven, artizan spirit of acquisition*, he will be proud to remember those great names which have adorned his own calling, anxious to know something of the taste—of the quality of their labors; and be more anxious still to contribute a line, to raise a stone, and to preserve untarnished their memory from the effacing hand of time."

The followers of a liberal art should aim to be liberally educated, which means, says Mills, "to know something of everything, and everything of something," and as our "something" is medicine, the knowledge of its past history is imperatively necessary as a part of our education. But, like all old men on a favorite theme, I am growing garrulous, and extending my remarks beyond the limit I assigned to myself, which was simply to second your efforts in behalf of a wider culture of medical literature and, in response to your invitation, to contribute my mite towards forming a list of such books as should be read by our profession.

In the selection of books, I have, as you see, consulted the good of the largest class of readers, by confining myself to works in the vernacular; and, further, to works readily accessibly to Baltimore men:—either in the Peabody Library, or the Faculty Library, or in the Surgeon General's Library, at Washington, the treasures of which last, by the present arrangement, are as accessible as our own. To economize space, I have abbreviated titles as much as possible, as the card catalogues of either the Peabody Library, or our own, and the "Index" of Dr. Billings, are sufficient guides to find the works referred to.

A course of reading in medical, as in all other history, requires to be pursued in chronological order, and to assist the memory, after a cursory glance at each period, we should read the lives and the works of the men illustrating it. Of course, the division of periods is necessarily arbitrary, as they are not sharply defined, but often overlap each other; yet, as convenience requires it, I have adopted the following:

1st. Period—Asiatic and Egyptian.
2nd., " The Hippocratic, or Grecian.
3rd., " The Alexandrine.
4th., " The Roman.
5th., " The Mediæval (including the Salernian and The Arabic Schools) and
6th., " The Modern.

For General works treating of the 1st Period, I suggest, "Moir's Outlines of Ancient Medical History (M. & Ch.): Herodotus, Beloe's Translation, Clio 197, and Evterpe, 84, (P.); Wilkinson's *Ancient Egypt*, p. 354, *et seq.* (P.)

Wise's Review of History of Medicine. (Asiatic, Hindu, Buddist and Chinese.) (P.)

Ewald's Antiquities of Israel. p. 156. (Leprosy.) (P.)

Friend's, Renouard's and Hamilton's Med. Hist. (1 Vol.) and the first chapters of Bostock's Hist. of Med. in Good's Study of Med., 1835, (M. & Ch.).

The Life and Times of Hippocrates, by E. Bartlett, (S. G. L.): Pettigrew's Biographies, art. "Hippocrates." (M. & Ch): *Brit. Encyclopœdia*, art. "Hippocrates." (P.): *Special* works, Second Period. *Adams'* translation of the genuine works of Hippocrates—including his Airs, Waters, Places, Aphorisms, Articulations, Epidemics, Fractures, Hemorrhoids, Injuries of the Head, The Law, Ancient Medicine, Mochlics, Oath, Prognosis, Surgery and Ulcers. (M. & Ch. Lib.): *Prognostics and Crises, with Notes*, translated by H. W. Ducachet, M. M. & Ch. Fac. (M. & Ch.): *Clifton's* tr. of the "Airs, Waters, Places, Ep. and Prog." (M. & Ch.)

For 3d or Alexandrian Period, *vide.* Ancient Hist. *ut supra*, also art "Herophilus" and "Erasistratus" in *Annals of*

Anat. and Surg. 1881, Vol. IV, by Fisher. (M. & Ch.)

For 4th or Roman Period, *vide.* Hist. *ut supra Special* work—*Celsus* (Lee's translation) (M. & Ch.)

Galen, Vide Hippocrates and Galen epitomized, by J. R. Coxe. (S. G. Lib.): Biog. of Galen and sketch of his works by Fisher, *Annals of Anat. and Surg.* Vol. IV., 1883, pp. 105, 163, 202, 284, (M. & Ch.) The Anat. and Physiol. of of Galen, by J. Kidd in *Trans. Prov. Med. and Surg. Assoc.* XV, 1837, pp. 299, 336. (M. & Ch.): The Practical Med. of Galen and His Times by J. R. Gasquet in *Brit. and For. M. &. Ch. Rev.* Vol..XI, 1867, pp. 472, 488, (M. & Ch): also 'Galen' in Pettigrew's Biog. of Med. Men (M. & Ch.): also art. 'Galen' in *Brit. Encyclop.* (P.)

Aretæus. His works translated into English by F. Adams, 1856. (M. & Ch.)

For 5th or Mediæval Period, *vide.* Hist. *cit ut supra*, also Hallam's *Introduction to Literature of Europe in Middle Ages*, Vol. I. 458-9; 11. 244. 111. 213. 596. (P): Hecker's *Epidemics of the Middle Ages*, translated by Babington (Syd. Soc.) (M. & Ch.). *Special* works. '*The School of Salernum, an historical sketch of Mediæval Medicine* by H. E. Handerson, N. Y., 1883, pp. 60. (M. & Ch.): *The Code of Health of the School of Salernum translated into English Verse by John Ordronaux, M.D.*, 1871, p. 167, (P.)

Arabic School. *Rhazes*, On Measles and Small-pox, tr. into English. *Mead's Med. Works*, Vol. II. (M. & Ch.): Rhazes, by Fisher in *Annals of Anat. and Surg.*, 1882, Vol. VI., pp. 133, 174, 216. (M. & Ch.): *Avicenna, idem*, pp. 20, 96, (M. & Ch.): also art Avicenna in *Brit. Encyclop.* (P.): *Haly Abbas, Annals of Anat. and Surg.* by Fisher, Vol. VI., 208, 255. (M. & Ch.): *Albucasis id*, Vol., VII., 24, 74, 124. (M. & Ch.): *Avenzoar id*, pp. 225, 271, (M. & Ch.): (As an antiquarian curiosity of this age, see '*Gilbertus Anglicus, seu Gilbertus Legleus*' (13 cent). *Compendium Medicinæ tam morborum universalium quam particularium, Lugduni*, 1510. (P.) (It is an 8 vo. in black letter, the Latin in double columns and contracted, and is the first work on medicine published by an Englishman.) *Paracelsus*, see his Biog. *sub verb*, in *Brit. Encyclop.* (P.) (There is no English version of the works of this writer in Baltimore, that I have seen, and it would be a waste of time to read them, if they were; for Paracelsus was the Hahnemann of the 15 cent, and anticipated the latter in many of his absurdities, even to his exclusive application of the maxim. "*Similia Similibus Curantur.*" Paracelsus uses the same words, or their equivalent, '*Simile Similis Cura: non contrarium*' *Op. om.* Vol. I., 1689. (P.) *Pare Ambroise*, works translated into English by Johnson. (M. & Ch.)

Harvey, Wm. Works translated from the Latin into English, with his Life by Wallis, (P): and in Syd. Soc. Pub. (M. & Ch.): Harvey and his discovery, by Da Costa; 1879, (P.): History of the Discovery of the Circulation of the Blood, by Christopher Johnston, M. D. M., M. & Ch. Fac., 1867, (M. & Ch.): Harvey and Cesalpinus, *Edin. Rev.* v. 147, 1878, (P.): Harvey's Claim to Discovery of Circulation, by J. R. Coxe, (Adverse) M. & Ch.): also 'Harvey' in Pettigrew's Biog. (M. & Ch.): and in Brit. Encyclop. (P.): *Willis, Thomas.* See his Biog. in Aiken's, Biog. of Med. Men. of G. Brit. (S. G. L.): *Sydenham, Thomas.* See his Biog. in Aiken : (S. G. L.) Works transl. into Eng. (M. & Ch.): *Malpighi, M.* (The Discoverer of the Capillary Circulation,) *vide* his Autobiography and enumeration of his Works in *Trans. Royal Soc.* Lond. 1696, (P.): *Hoffman, Fred.* See his Biog. in Hutchinson's Biog. Med. Men. 1799, (S. G. Lib.): *Bærhaave.* See his Life in Pettigrew's Biog. *sub voce*, (M. & Ch.): also his Aphorisms, translated from the Latin of Van Swieten, with the editor's commentaries, (M. & Ch.): *Morgagni, G. B.* Work on The Seats and Causes of Disease, (M. & Ch.). (*Haller* calls this an immortal work and in itself a Pathological library): *Haller, Albert.* See his Biog. in Pettigrew's Biographies: His Works in Eng. (M. & C.): *Cullen, Wm.* His Life and Works, (M. & Ch.) *Huxham, John.* Works, (M. & Ch.) See his life in Pettigrew's Biog.: *Hunter, Wm.* Work on the Gravid Uterus, (M.

& Ch.): *Hunter, John.* Works (M. & Ch.) See lives of both in Pettigrew: Jenner, Edward, An Enquiry into Causes and Effects of Variolæ Vaccinæ (M. & Ch.). See also his Life by Barron, (P.): *Brown, John.* Doctrines, (M. & Ch.): *Heberden.* Com. on Dis. (M. & Ch.): *Abercombie, J.* On Brain and Spinal Cord: (M. & Ch.): *Bright, R.* On Abdom. Tumors, (M. & Ch.): *Bichat,* M. F. G. Works translated into English (M. & Ch.): *Broussais,* F. J. V. Work on Phlegmasiæ, (M. & Ch.) See also Gibson's Sketches of Prominent Surgeons and Physicians of Paris and Lond. 1839, (S. G. L.); also Bartlett's Sketches of Living Surg. and Phys. of Paris, 1831, (M. & Ch.): *American* Med. History. *Thacher's Lives.* (It has a general prefatory sketch of the Progress of Med. in Amer. and also one of its progress in each State that he notices. He gives the Lives of but four Maryland men, Drs. Thos. and Phineas Bond, Samuel Stringer and Joshua Clayton, and the last he credits to Del.! (M. & Ch.): Toner's Lives of Med. Men of the Rev. (M. & Ch.): *Century of Am. Med.* (1776–1886) by Drs. Clarke, Bigelow, Gross, Thomas & Billings, in *Amer. Jour. Med. Sci.* vols. 71, 72 n. s. 1876, (M. & Ch.) See also *Trans. Internat. Med. Cong.* Philadel., 1876, (M. & Ch.): Lives of Em. Amer. Phys. and Surg. by Gross (he only notices two of Maryland, Godman and Ch. Frick! (P.): Atkinson's Phys. and Surg. of U. S., 1878, (S. G. Lib.): See art. Biog. in Billings' Index, for the Necrologies in the Trans. of the Medical Societies of the several States. It is needless to say that we think all the works you enumerate ought to be read, except Hahneman's Organon. I would as soon recommend an emetic to a well man, *experto crede.*

Yours truly,
J. R. Quinan.

A NEW CHLOROFORM INHALER.

Baltimore, December 7, 1886.

Editor of the Maryland Med. Jour.

Dear Sir: A few days ago I was called to a case of emergency which required the use of chloroform. I accidently dropped my *sleeve cuff* from my arm, and used it as an inhaler with success. I placed a handkerchief in the cuff and moistened it with chloroform, using the open end of the cuff to the nose and the other part below the chin. I have seen a great many devices but I think this "Handy Inhaler" will answer very well in many cases.

Yours Respectfully,
Wm. H. Clendenin, M.D.

SUCCESSFUL TRACHEOTOMY IN A CASE OF DIPHTHERIA.

Baltimore, December 6, 1886.

Editor of the Maryland Med. Jour.

Dear Sir: I beg to call your attention to the fact that my recent successful operation of tracheotomy, appearing in your recent report of the proceedings of the Academy of Medicine, was done in a case of diphtheria.

I am yours truly,
Christopher Johnston, M.D.

[The tracheotomy to which Dr. Johnston refers was reported in the Maryland Medical Journal Nov. 27, page 79, as having been done for membranous croup. Ed.]

Honours to the Medical Profession.—On the 16th inst. the Queen held an investiture at Windsor Castle. Amongst those who were introduced into the presence of the Sovereign were William Orange, M.D., and Arthur Mitchell, M.D., upon whose breasts Her Majesty affixed the decoration of the civil Division of the Third Class of the Order of the Bath. Surgeon-General Michæl Cudmore Furnell was afterwards introduced, and decorated with the Badge of a Companion of the Order of the Indian Empire.—*Lancet.*

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BALTIMORE, DECEMBER 11, 1886.

Editorial.

GUNSHOT WOUNDS OF THE INTESTINES. —At the third annual meeting of the New York State Medical Association, held in New York on the 16th, 17th and 18th of November, the most notable feature of the session was probably the "discussion on Gunshot Wounds of the Intestines." This discussion which partook of the nature of a symposium, was opened by Dr. W. S. Tremaine, of Erie County, N. Y., with a paper which took a general survey of the subject, and was followed by communications from other well known surgeons, which considered more in detail the various points raised by the initial paper. Dr. Tremaine said "that the chief thought that occurred in connection with them (*i. e.* gunshot wounds of the intestines) is their marked fatality," a statement which is borne out by the statistics of the late war, in which 80.3 per cent. of all the cases whose histories are known died—whilst the aggregate mortality of 3,475 cases of penetrating wounds of the abdomen reached the enormous rate of 87.2 per cent. In recent continental wars the aggregate mortality was 75.1 per cent. These fact are enough to attract the attention of all thoughtful surgeons. There are, however, numerous incidental causes for this dreadful mortality in military surgery, which do not hold good to an equal extent for the wounds of civil life, hence it seems to us that this percentage does not represent the natural death-rate, so to speak, of gunshot wounds of the intestines. Amongst these incidental causes, are the haste and confusion of battle. Soldiers who receive severe and apparently mortal wounds do not always receive as prompt and thorough attention as those who are less seriously injured, besides after great battles it may be days before all the wounded are discovered and taken to hospital, and they are thus exposed to the elements, and suffer from hunger, thirst and lack of attention. Even after they do receive attention the crowding of patients in the hospitals and the removals which are often necessary, all detract from the chances for recovery. Privations previous and subsequent to injury may also have an influence upon the death-rate. Another cause for the excessive mortality of the late civil war, which does not hold good in civil practice at this time, was the entire absence of all antiseptic precautions. Whilst these various circumstances may, however, have had some influence in increasing the death-rate, there is an inherent mortality which will still be excessive. Dr. Tremaine asks: "Does the surgical art offer any plan of treatment by which this fearful rate of mortality may be lowered?" and the answer, as is to be expected, is that, "the impunity with which in these latter times the abdominal cavity has been opened and extensive surgical manipulations carried on therein gives reasonable grounds for hope that the 'do nothing system' will generally be abandoned and that laparotomy, where there is reason to suspect that the intestines have been wounded, will become a legitimate and successful surgical procedure." The well known statement of Marion Sims is quoted, "I have the deepest conviction," says Dr. Sims, "that there is not more danger of a man dying of a gunshot or other wound of the peritoneal cavity properly treated, than there is of a woman dying of an ovariotomy properly performed." With due deference to the great master, and with profound respect for his opinions, we are still unable to see how such a statement can hold good. A woman, the subject of an ovarion tumor, has her peritoneal surfaces more or less accustomed to irritation, hence more tolerant

of manipulation. Moreover, she has usually been subjected to appropriate preliminary treatment, and the operation is performed at a chosen time and under the most auspicious circumstances. How is it with penetrating abdominal wounds? A man striken down in full health, the bowels, perhaps, wounded in many places, with extravasation of feces in many cases, often with injury to the mesenteric or other blood vessels. In order to repair the injury it is necessary to handle the intestine extensively, a procedure which is usually followed by more or less shock. Whilst we believe thoroughly in the advisability of laparotomy in these cases, we do not think that this very sanguine hope of recovery can be indulged in.

Dr. Jos. D. Bryant, of New York, replied to the question, *what are the diagnostic signs of involvement of the intestines in shot wounds of the intestines.* The most important of these is the wound itself, its situation, its direction, the character of the discharges from the wound and emphysema of its borders. If a missile of large size has entered the abdominal cavity the probability is very great that the intestines have been injured, and if free hæmorhage, which does not come from the vessels of the abdominal wall, escapes from the wound, visceral implication is probable, the escape of feces from the wound renders the diagnosis certain.

When blood is passed with the stools it also renders the diagnosis of intestinal injury certain. Emphysema of the abdominal walls occurs occasionally from escape of intestinal gases, but in certain cases the lower portion of the lung is injured, and the emphysema is from escape of the air from the alveoli of the lungs. Dr. Bryant has also seen emphysema in non-penetrating stab wounds, which he attributed to suction from retraction of the muscles. Tympanites is also a sign of some value. If it comes on early before pain and inflammation have set in, it is due to escape of gases into the peritoneal cavity, if later when pain and tenderness have occurred, it is from intestinal distention. Shock, nausea, vomiting and hiccough are symptoms which are frequently present. Whilst we would like to review the excellent remarks, of Drs. Varick, Hamilton, Nancrede, and Parkes, the limitation of space permits us only to notice the remarks of Dr. W. T. Bull, of New York, in answer to the injury, *Under what circumstances, and how soon after the injury, should laparotomy be resorted to in shot-wounds of the intestine; and when is the operation indicated?* Dr. Bull considers laparotomy the proper procedure for all cases in which the diagnosis of intestinal lesion is apparent, but as the symptoms of such injury are not always apparent, and as it may be impossible to ascertain with the probe whether a wound is penetrating or not, we are beset with difficulties. He therefore recommends the exploration of the bullet-wound, if necessary by incision, and if it be found to be penetrating the immediate section in the middle line. An early operation should be performed, as thereby the dangers from bleeding, extravasation of feces and septic peritonitis are materially lessened. The result of the cases of penetrating wounds treated at the Chambers Street Hospital in ten years was eight, of which number five received no operative treatment, and all proved fatal. The remaining three were submitted to laparotomy, and of these two recovered. The statistics are small, but suggestive. Dr. Bull expresses the opinion that it is doubtful if we will be able to cope with wounds of the large solid viscera where in addition the intestines are injured. A condition of profound shock is also contra-indication to laparotomy, whilst recent experiences in regard to the treatment of peritonitis by incision, irrigation and drainage renders it probable that success might be obtained in gunshot wounds even when peritonitis was present. He concludes with the statement that he is "convinced that the surest, safest and quickest way of dealing with shot wounds of the intestines is first to assure one's self by exploration of the wound of entrance, that the cavity has been entered, or the gut injured, and then to repair that injury by laparotomy." This then may be accepted as the present consensus of pro-

fessional opinion in regard to this class of injuries. It is probable that no well informed surgeon, would at the present time refuse his patient the benefit of an operation, in case where perforation of the bowels was manifest, or even exceedingly probable.

Case Taking.—One cannot help being struck, when reading ancient medical works, with the closeness of their observations, the minuteness and accuracy of their descriptions. If we go back to the *fons et origo*, Hippocrates, and read the reports of some of his cases we are amazed at the photographic representations. The old masters of course were working blindly; a sick person was before them, and possessing as they did a very hazy idea of the causes of any diseases, they were unable to make any selections and so set down everything; besides they felt it a sacred duty to transmit every atom of knowledge they might have gained to those who should come after. As a matter of necessity then, their writings are loaded down with a vast deal of entirely irrelevant matter, but at the same time any symptom that could have any possible bearing on a case was duly noted. As the science of medicine grew in exactness, it became evident that the objective symptoms were far more to be relied on than the subjective. Mechanical aids to diagnosis were invented to assist the appreciative senses, and we find ourselves rapidly approaching the point where the patient is to be regarded as an insensate organism. The push upon the pendulum on the one side was very strong, and as nearly always happens it has swung too far to the other side. Much may be learned from the history of a case, and we think we hardly over state it in saying that in most instances accurate, remote and immediate history will repay, and often amply the trouble in taking it.

We are far too apt to believe that every patient grossly outstates and exaggerates symptoms, and we rely too certainly upon physical examination. Most patients describe their symptoms clearly enough and a physician soon learns to get his mind into a certain sieve-like condition, letting the unimportant facts slip through and retaining any which might have any bearing on the case. But we do not mean to give advice about getting at the history of a case, for each physician follows his own method. The point to be emphasized is the necessity of preserving such records. Our own is essentially an age of statistics; workers in every department of science are obliged to rely on recorded facts for materials with which to erect the fabric of a theory, and the more carefully such facts have been observed and noted and the greater their mass so much stronger is the probability that the theory is true. It is noteworthy that our eminent writers on medical subjects have been able in most instances to rely upon their own personal observations to attest the truth of any statement, and the list of cases from which they quote is often more remarkable for accuracy of delineation than for any great number or variety.

Comparatively few physicians recognize the importance of making accurate notes of every case; they feel that so many of the slighter ailments present little variation from the normal that reporting them would be merely repetition.

To change the proverb a little we "never know what a case may bring forth," and after it has developed into something rare and interesting vainly wish that we had the temperature sheet and all the minute symptoms.

It is to the dispensary physician, however, more than almost any other member of the profession that these remarks apply. In all our larger cities the dispensary business is rather overdone, and from the immense number of persons applying to them for treatment, most important statistics can be obtained. For example, if in this city all the cases of malaria coming to the dispensaries had have been carefully recorded, a few years would furnish most valuable information in many unsettled points; if it could be shown out of a large number, what proportion were quotidian, tertian or quartan, average duration

of the paroxysm, the most usual nervous manifestations and so on such facts would be exceedingly useful. It is always well for the case taker to have in view certain mooted questions concerning all the more frequently occurring diseases and to contribute his share towards settling them. It is very discouraging to go into a dispensary and see the diagnosis put down simply as *chills* or *heart disease* or *kidney disease*, and yet such is too often the case.

We are all trying, or at least should be, to place medicine upon a thoroughly scientific basis; to establish theories which will stand the test of this touchstone they must be based on a sufficient number of facts or phenomena which have been carefully observed and accurately noted, and it is the duty of every physician to aid in this manner the advance of medical science.

Prof. A. F. Erich.—The sad and unexpected death of Prof. A. F. Erich, from cerebral hemorrhage on last Tuesday, has removed from our midst one of the most energetic and thorough physicians of this city. To most of his professional brethren, Dr. Erich was best known by his mechanical talents, his inventive faculties and his great practical bent. But those who knew him best, know also that he had a singularly acute and logical mind as well as an exceedingly retentive memory. When he once acquired a fact, or mastered a problem it remained at his command through life.

His work, professional or otherwise, was always conscientiously performed. Half-doing a thing was the worst sort of neglect in his eyes.

In his professional relations, Dr. Erich possessed the good will and regard of nearly the entire profession in this city. His adherence to the ethics of the profession was not merely perfunctory, but vitalized by the living spirit of the code. He never wittingly did anyone an injustice.

At medical society meetings he was always listened to with pleasure and profit. In the sick room he was cheerful, even at times jovial in manner, but scrupulously attentive to details of treatment. His patients became greatly attached to him. He was a popular as well as a scientific doctor.

Reviews, Books and Pamphlets.

The Medical News Visiting List for 1887. Philadelphia: Lea Brothers & Co., 1886.

The above well-known and popular Visiting List for 1887 has been received. A new feature in connection with the List is a celluloid memoranda leaf, which is as flexible as paper, and pencil marks can be erased from it with rubber or moisture. This Visiting List is issued in four styles, viz.: for 30, 60, 90 patients per week and in one undated perpetual volume. In addition to the visiting list proper the prefac of 48 pages of memoranda for reference in emergencies will be found useful to the practitioner.

The Physicians Visiting List (Lindsay and Blakiston) for 1887. Philadelphia: P. Blakiston, Son & Co., 1887.

This book has been published annually for the past thirty-six years and its features are so well-known as to require no introduction to the medical public. The List contains a useful memoranda of poisons, disinfectants, examination of urine, doses, new remedies, emergencies, etc., in addition to the weekly call, obstetric memoranda and cash account.

Practical Notes on the Treatment of Skin Diseases, Inflammations and Hæmorrhages of the Skin. Part III. By George H. Rohé, M.D., Professor of Hygiene and Clinical Dermatology in the College of Physicians and Surgeons, Baltimore. Baltimore: Thomas & Evans, 1886. Pp. 90. Price 40 cents.

This little work is a continuation of a series of "Practical Notes" which have been published by Prof. Rohé. The author aims to give an accurate, clear and brief description of the various diseases considered. He has succeeded well in his purpose, having presented to the profession a work of practical value at a popular price. The present work is devoted

to Inflammations of the Skin, such as erythema, urticaria, various forms of dermatitis, erysipelas, furuncle, herpes zoster, psoriasis, hæmorrhages, purpura, scurvy and a number of other affections of the skin.

BOOKS AND PAMPHLETS RECEIVED.

Puerperal Eclampsia. By Geo. W. Miltenberger, M.D., Professor of Obstetrics, University of Maryland. Reprint from *Transactions Medical and Chirurgical Faculty of Maryland*, 1886, pp. 29.

Some Thoughts on Phthisis Pulmonalis. By Whitfield Winsey, M.D., of Baltimore. Reprint from *Trans. of Med. and Chir. Fac. of Md.*, 1886, pp. 11.

Erysipelas and Puerperal Fever. By A. Gussenow. Translated from *Archiv. f. Gynäkolgie* by R. T. Wilson, M.D., and W. B. Canfield, A.M., M.D., pp. 11.

Certain Hereditary and Psychical Phenomena in Inebriety. By T. D. Crothers, M.D., Superintendent of Walnut Lodge, Hartford Conn. Reprint from *The Alienist and Neurologist*, 1886, pp. 15.

Antisepsis in Ovariotomy and Battey's Operation. By Robert Battey, M.D., Rome, Ga. Reprint from *Transactions of the Medical Association of Georgia*, 1886, pp. 44.

Eighth Annual Report of the Nursery and Child's Hospital of Baltimore, 1886.

Miscellany.

Treatment of Rheumatism in the Philadelphia Hospital.—Dr. James Tyson uses both salicylic acid and salicylate of sodium, but recently has confined himself rather more to the former. He gives it preferably in the form of a compressed five grain pill, of which two are ordered every two hours until the symptoms yield. This in generally within twelve hours, and almost always within twenty-four. After the pain has decidedly subsided he diminishes the dose one-half, or increases the interval to four hours. If the administration is cautiously continued for a week or ten days, he finds that it is comparatively seldom that relapses occur. Sequelæ and complications are less frequent by this than by the older methods of treatment. It is comparatively seldom that anodynes are required as adjuncts to relieve the pain, but when they are, the hypodermatic use of morphia is promptly efficient.

In giving the salicylate of sodium, he prescribes ten to fifteen grains every two hours, or half as much every hour until relief is obtained. Its sickening taste in solution is a great drawback to its use but it, too, may be given in five grain compressed pills, although the larger bulk makes this method of administration inconvenient.

When salicylic acid or its salts fail, he finds that flying blisters to the painful joints are the next most efficient measure, and their effect upon the pain is usually very prompt.

Dyscrasic cases are, of course, treated with iron, quinine, and an abundance of nourishing food, and flannel garments worn next to the skin.

In muscular rheumatism salicylic acid is seldom efficient, although Dr. Tyson often uses it with results which lead him to believe that it is not totally without effect. By far the most satisfactory measure is dry heat, applied most conveniently by the hot-water bag.

In the treatment of chronic rheumatism Dr. Tyson has much more confidence in the use of local measures and manipulation. Salicylic acid is also sometimes useful, but the effect is more frequently temporary.

Dyscrasic conditions are treated with cod-liver oil and iron, which alone are sometimes curative. Counter-irritation by blisters and strong liniments are sometimes useful adjuncts, but are in no degree equal to manipulation.—*Med. News.*

Vomiting During Pregnancy Cured by Artificial Alimentation.—Dr. Brunniche, in the *Nordiskt Mediciniskt Arkiv*, relates the case of a woman who was in the hospital for two months with cardialgic symptoms. She had pain, particularly in the left side of the epigastrium, which was disminished by pressure. She could retain no food, not even milk, and sometimes vomited blood. Urine normal; no fever; temperature 37°. She was treated for a time for gastric ulcer. No symptoms of

pregnancy could be found by external examination. The patient became greatly emaciated, vomited everything, and was greatly reduced after sixteen days. Strong suspicions of pregnancy were now entertained, and Dr. Brünniche determined to try artificial alimentation. A sound was introduced into the upper part of the œsophagus and milk poured through it. Other nourishment was also administered in the same manner. An attempt to dispense with the sound brought on another attack of vomiting. Artificial alimentation was therefore continued for three weeks. At the end of this time the woman had entered on her fourth month; she began to take food, and entirely recovered. Dr. Brünniche remarks that he got the idea from the treatise of Dr. E. Bull.—*Lancet*, Nov. 20, 1886.

Mobility of the Heart.—Dr. M. M. Shershevski publishes in the *Vrach* a paper on the mobility or displaceability of the heart. The fact that the heart's position is liable to slight changes according to the position of the body has been recognized by Bamberger, Gerhard, Luschka, and other observers, but they have none of them formulated the conditions under which it takes place. Dr. Shershevski gives details of the examination of forty persons, all of them free from cardiac and pulmonary affections, in whom he noted accurately the position of the heart's boundaries in the upright dorsal, left lateral, and right lateral positions. The chief mobility was towards the left side, but the heart was often quite perceptibly displaced to the right, as well as downwards and even backwards. The chief conditions under which this occurred were youth, nervous states, and freedom of the vessels from signs of sclerosis. Displacement backwards was found in nearly half the cases, and this shows that the heart ought to be examined in the upright posture. The writer specially remarks on this when the examination is made as a prelude to the administration of chloroform, whereas, as a rule, the stethoscope is applied when the patient is lying down and in a very agitated frame of mind, which latter condition always renders the organ more easily displaced; and the diminished diameter due to this may lead to erroneous conclusions if the measurements be not previously taken in upright position. This has reference chiefly to young persons. In the case of subjects over sixty years of age, and of much younger persons whose arterial system had already begun to show signs of degeneration, there was little or no displacement produced in any position.—*Lancet*, Nov. 20, 1886.

The Treatment of Rheumatism in the Hospital of the University of Pennsylvania.—Dr. Osler employs in mild cases, with only one or two joints involved and the temperature not above 102° F., the citrate of potash in 3 ss doses every four hours. If there is much pain and the patient is restless, Dover's powder grs. x at night. In more severe attacks, with polyarthritis, and fever above 103°, he orders salicylate of sodium grs. xv every two hours, with a similar quantity of citrate of potash. The important influence of the salicylate is believed to be in the reduction of the pain and fever. It is not thought to have much influence in lessening the duration of disease; and on the other hand, when pushed for many days and in large doses, it is thought directly to favor the occurrence of relapse. Hence as soon as the pain is relieved, the amount of the salt is reduced, and it is stopped as soon as possible. It does not probably influence, one way or the other, the occurrence of endocarditis. When the temperature is above 103.5° antipyrin, grs. xx, is ordered. With fever of 105° the cold pack is employed. Lemonade and carbonated waters are allowed freely. An unstimulating liquid diet is given. Blankets are preferred for the bedding of the patient. Special care is enjoined in changing the clothing, and a wad of cotton-wool is placed over the front of the chest. The joints are wrapped in cotton-wool, or, when very painful, in spongiopiline, or flannel, soaked in Fullers's lotion (hot) (Liquor Opii Sedativus, ℥j; Potass. Bicarb., ʒiv; Glycerin., ℥ij; Aquæ, ℥ix). If the salicylate and the local ap-

plication fail, as they sometimes do, to relieve pain, opium is freely given. During convalescence iron and tonic doses of quinine are ordered.—*Medical News.*

Treatment of Rheumatism in the Jefferson College Hospital.—Dr. DaCosta treats his cases of acute rheumatic fever, as a rule, with salicylic acid, about a drachm in twenty-four hours; he does this especially in the cases of active, frank character, in which the joint affection is decided. Where marked cardiac complication exist, he greatly prefers the alkaline plan of treatment; indeed, has little faith in the use of salicylic acid either to prevent cardiac complications or to remove them. Nor does he, in any case, continue salicylic acid or the salicylates if no impression is made on the rheumatic malady in three or four days. When the remedy does good at all, his experience is that it does good quickly.

In cases of acute or subacute muscular rheumatism, or in subacute articular rheumatism with much pain and only moderate swelling of the joints, he often employs bromide of ammonium, or, if this fail, nitrate of potassium. He uses opium sparingly, and generally confines it to a moderate dose or two of Dover's powder, given at night.

He strongly insists, no matter what plan of treatment be adopted, on the addition of quinine, from twelve to sixteen grains daily, as soon as the more active symptoms have subsided, believing that thereby the patient's strength is sustained and relapses prevented.

From tincture of chloride of iron he has seen no good, except in pyæmic rheumatism or in kindred forms of rheumatism.

Locally, he uses little, enveloping the swollen joints, if very painful, in a thin layer of cotton-wool; where the joints are very much swollen he envelops them in cloths wrung out in a strong solution of nitrate of potassium, with morphia added.

The diet is always bland and unstimulating, chiefly milk, farinaceous substances, and very moderate amounts of broths, eggs, and fish. Alcohol is not given except in the so-called "typhoid cases," in which also high temperature is generally found.—*Med. News.*

Calomel as a Diuretic.—The virtues of calomel have in these days come to be somewhat undervalued—a reaction doubtless from the indiscriminate prescription of former times. Dr. Mendelsohn (*Deutsch. Med. Woch.*, No. 45) calls attention to its value as a diuretic, especially in cardiac dropsy, basing his remarks upon papers recently published by Dr. Jendrassik of Pesth and Dr. Stiller. The former, having noticed the marked diuresis which ensued in a severe case of cardiac dropsy after the administration of jalap and calomel, found by further observations of other cases that this effect was due to the calomel, and not to the jalap. In the great majority of the cases the daily quantity of urine reached from two to five or more litres on the second to fourth day of calomel treatment. Stiller's experience is confirmatory of this, and Dr. Mendelsohn adds his own testimony to the value of the prescription. He says that when calomel is prescribed in doses of from 0·2 to 0·3 gramme (i.e., 3 to 5 grains) three times a day, diuresis occurs within eight hours. It is not necessary to induce salivation to get this result, which often takes place with surprising rapidity; the anasarca and serious effusions disappear, and the patient is much relieved. It is said even to be more effective than digitalis, squills, and other remedies in certain cases, especially when the pulse-tension is not very low. Calomel does not, however, act through the heart, and is often advantageously combined with digitalis.—*Lancet*, Nov. 20 1886.

The Employment of Carbolic acid in the Treatmert of Erysipelas has been recommended for some time. At a recent meeting of the Société Médico-Pratique, Dr. Ory communicated the two following cases, which serve to demonstrate the efficacy of carbolic acid pulverisations, which was the only treatment used. The first case was that of an infant of three months old, suffering

from erysipelas following vaccination

A fortnight elapsed since vaccination, when Dr. Ory was summoned. The little patient was feverish, depressed, and convulsed. The right arm was swollen, with a red patch about the size of the palm of the hand, in the centre of which was a vaccine pustule, covered by a scab in process of desiccation. Collodion, mixed with castor-oil, was applied to and around the red patch, in order to check the spread of the erysipelas, and an antispasmodic treatment was followed during the night. Finding the collodion applications ineffective in preventing the spreading of the redness, Dr. Ory had recourse to the treatment indicated by Professor Verneuil. The child was wrapped in cotton wool. Carbolic acid pulverisations were then used in every hour for five minutes; a two per cent. solution was used; considerable improvement occurred. The convulsive movements ceased, diarrhœa disappeared, and the temperature fell from 40° to 38°.

On the following day, only those parts where the collodion still remained were red; it was removed, and, by the evening, all traces of erysipelas had vanished.

Rapid recovery, without relapse, ensued. The number of pulverisations was gradually reduced (four in twenty-four hours on the fourth day), and all treatment was discontinued on the fifth. The second case was that of an old man, aged 69. The patient was ataxic and subject to obstinate constipation. The perinæum and gluteal regions were attacked by erysipelas. The carbolic acid pulverisations, applied in the manner above mentioned, had a satisfactory result; from the first evening the pain diminished after each pulverisation, and on the third the tissues had almost recovered their normal colouring, and there was less fever. Dr. Ory concluded by stating his opinion that carbolic acid pulverisations might be used to the exclusion of all other internal treatment for combating erysipelas.—*Lancet*, Nov. 13 1886.

Caffeine in Heart Disease.—Dr. Otto Seifert (Würzburg) undertook, in the course of last year, a series of researches on Citrate of Caffeine. All the patients to whom he administered it were suffering from organic affections of the heart with imperfect compensation. In one case there was chronic nephritis, with generalised œdema. The caffeine was given in seven cases, sometimes in repeated doses, at others all in one dose. According to Lepine, the daily quantity should be from one to two grammes. The principal advantage which has been claimed for it is that it quickly improves the action of the heart and regulates the cardiac beats. It is also a diuretic, and has no cumulative action. One to two grammes of caffeine should be given in twenty-four hours. Opinions as to the value of the drug are conflicting; the principal drawback to its use seems to be that, owning to its speedy elimination, its action only lasts for a short time. In those cases where compensation has been reestablished, the action of caffeine may be as prolonged as that of digitalis. The general condition is influenced in a striking manner; the palpitations, the dyspnœa, and, as a rule, the insomnia also rapidly disappear.—*Brit. Med. Journ.*

Syphilitic Infection by the Razor.—Professor Fleischer recently reported to the Kieff Medical Society a case occurring in his practice where a man had contracted syphilis from an infected razor in one of the best hairdressing establishments in Kieff. The society thereupon decided to call the attention of the sanitary authority to the subject, in the hope that it would make regulations to obviate a repetition of such an occurrence. Another case of the same kind has also been published lately. It was that of a soldier, who had been infected with a primary sore of the chin from being shaved in a public shaving establishment in Tiflis. This case was shown to the Caucasian Medical Society by Dr. Chudnovski.—*Lancet.*

Taking the Temperature.—Professor Filetow recommends a very convenient method of taking temperature observations, which consists in first warming the thermometer (for example, by rubbing it with a pocket-handker-

chief or a corner of the bed-clothes) to about 110° Fahr., and then quickly inserting it under the patient's axilla. The mercury falls rapidly to the body-temperature of the patient, and after one minute, or a little more, remains stationary, at a point only a little below the real temperature of the body. Between 100° and 104° Fahr., the difference, according to Filatow, is only 0.18° Fahr.: for temperatures nearer normal, a little more, 0.36° to 0.54° Fahr. Much time is saved by this method. Dr. Biedert, of Hagenau, has carefully examined this procedure, and finds that six minutes, time should be given, as otherwise quite misleading results may be obtained (*Berliner Klin. Wochenschr.* No. 43]. With this proviso, which goes far to neutralise the chief advantage alleged in its favor, the method is stated to be reliable.—*British Med. Jour.*

Professional Secrecy and Government Officers.—A certificate of disability, issued by Dr. A. Y. P. Garnett to a government employe, was returned by a United States pension officer with the demand that the doctor should strengthen it with explicit information. Dr. Garnett declined to furnish this information, on the ground that it would involve a violation of professional obligations. In this decision he is sustained by Secretary Lamar. The justice of the Secretary's ruling will be conceded by every fair-minded man. What passes between the patient and his physician must be held by the latter as a secret inviolable; and it is gratifying to learn that the eminent Secretary of the Interior has given it the protection of high executive authority, since by so doing he has established a precedent which petty courts and government officers will not presume in future to set aside.—*Amer. Practitioner and News*

A Novel Treatment of Phthisis.—Dr. Bergeon, of Lyons, recommends a method of treating phthisis which has, at any rate, the merit of novelty. His plan is to utilise the effects of sulphuretted hydrogen, and this he proposes to do by injecting carbonic acid gas, saturated with sulphuretted hydrogen, into the intestines. If care be taken to secure the absence of atmospheric air, no inconvenience, it is said, results from the injection even of large quantities of the mixture; absorption into the venous system and elimination by the lungs taking place very rapidly. It is claimed for this procedure that, by its means, the use of sulphuretted hydrogen is unattended with any toxic effects, and exerts influence directly on the lungs themselves. It has been employed in a number of cases at the hospitals of Lyons, Bordeaux, and Paris with great benefit to the patients, even in very advanced cases, and, latterly, similar observations have been made in the consumption hospitals of London, the results of which have not yet been made known. The method has been very much simplified by the introduction of an ingenious but simple apparatus whereby the carbonic acid gas is generated, and saturated with sulphuretted hydrogen, ready for use.—*British Med. Jour.*

Obituary.

DEATH OF PROFESSOR AUGUSTUS F. ERICH.

"In the midst of life we are in death."

This adage has been most unhappily illustrated in the sudden and unexpected death of Professor A. F. Erich, which occurred at his residence in this city, on Tuesday morning, December 7th. On Monday Prof. Erich expressed himself as feeling unusually well. After the day's work he returned home and ate his usual 6 o'clock dinner. Shortly after a hearty meal he complained of pain in his head and soon thereafter was seized with an apoplectic attack, then passed into a coma and died next morning. His death was a great shock to his family and friends, and coming, as it were, in the midst of perfect health is attended with profound sorrow and distress.

Prof. Erich was born at Eisleben, Germany, on May 4th, 1837. He received his preliminary education in that place. His family immigrated to Baltimore in 1856. He began the study of medicine in the office of Dr. Moncur soon after coming to this city. In 1858 he matriculated at the University of Maryland from which he graduated in 1861. He located in Baltimore and at once entered upon a successful practice which increased until the day of his death.

Having comparatively few extraneous advantages Dr. Erich worked his way up in his profession by dint of hard labor, close application and native talent. He was an industrious student, especially in German literature, and in this way stored his mind with a rich fund of scientific knowledge. He was also endowed with boldness, earnestness and originality, and whilst unobtrusive in expressing his opinions, he was courageous in his convictions and combattive in defending them. His original turn of mind led him to invent a number of instruments and devices. His modification of Sims' speculum and deffice for using the same without an assistant, is perhaps the best known of his instruments. His mind was eminently practical and was ever ready to make use of every expedient and appliance which would enhance the value of his work. Dr. Erich was a frequent contributor to the literature of his profession, and was the author of a number of papers, not a few of which have been published in this JOURNAL. In medical society work he was conspicuous. He was one of the organizers of the Baltimore Medical and Surgical Society and was its first President in 1872. He was also a member of all of the local medical societies in the city and, for one engaged in a large and active practice, a pretty regular attendent and participator in discussions. At the time of his death he was one of the Vice-Presidents of the Baltimore Gynecological and Obstetrical Society. When the College of Physicians and Surgeons was organized in 1872, Dr. Erich was elected a member of the Faculty, which position he retained to the time of his death. He filled the chair of Diseases of Women in this institution in a manner most acceptable to the Faculty. As a teacher he was clear, practical and direct in his way of imparting knowledge.

Prof. Erich was married in 1862, and leaves a wife and two daughters to mourn his death. After many years of hard labor he had reached a position in his professional work where his toil was being handsomely compensated by a remunerative business. He had established a fine reputation and large practice which were crowning his active and busy life with plenty and success. He has fallen in the vigor of his manhood and at a time when his life was of great value to his family, to his college, and to his patients. He leaves behind many warm friends and admirers who will long cherish his memory and treasure his example.

Medical Items.

The College of Physicians of Philadelphia will celebrate the Centennial Anniversary of its foundation on January 3d and 4th.

The death is announced of Dr. D. Pedro Martinez Sanchez, formerly professor in the Medical Faculty of the University of Habana.

The death is announced of Dr. Albert Burckhardt-Merian, Professor of Otology in the University of Basle. The deceased, who was only forty-four years of age, had for a long time suffered from a painful malady.

Dr. D. Francisco Torralbas y Manresa has been appointed to fill the vacancy in the Supreme Sanitary Council of Cuba, caused by the death of Professor Vargas Machucha.

Drs. Pekelharing and Winkler, of Utrecht University, have been commissioned by the Colonial Minister of Holland to proceed to the East Indies for the purpose of investigating the causes of Beri-beri.

The Amphitheatre is the title of a new monthly medical journal published in New York City, and devoted to the interests of the junior members of the medical body and of the medical colleges of America.

Dr. Gordon, physician to the Richmond, Whitworth, and Hardwicke Hospitals and Ex-President of the King and Queens College of Physicians in Ireland, has been appointed a Vice-President of the Section of Medicine of the International Medical Congress of 1887.

The Graefe Medal, founded in honor of the great ophthalmologist by the Ophthalmological Society of Heidelberg, is to be awarded every ten years to the person, irrespective of nationality, who has done most to promote the progress of ophthalmology, and the first award has just been made to Professor Helmholtz, the inventor of the ophthalmoscope.—*Med. News.*

America, it seems, is not alone in the enjoyment of bogus medical colleges. The *Medical Zeitung* says it has come into possession of a circular issued by a *doctor juris*, Claisé by name, in which diplomas are offered at fair prices. Would-be doctors of philosophy, law, medicine, chemistry, etc., need not bother themselves with study, but can obtain the desired degree by the payment of 500 marks. For some of these degrees theses are required, but those will be furnished without further charge by the accommodating directors of the diploma bureau.—*Med. Rec.*

Mr. Knowsley Thornton says: The removal of a simple cyst is an absolutely safe operation—as safe as any in surgery; he has not lost a single uncomplicated ovariotomy. As to the re-opening of a wound and the introduction of a drainage tube, he has hardly ever found it successful. He is not a bigoted believer in the spray and he is inclined to think that its great use is that it keeps the hands of the operator, the instruments, and the abdominal walls constantly moist with antiseptic fluid. He is prepared to agree that the free washing out with water is a great advance; the water probably acts by carrying away, and by breaking up particles of septic material; even if not completely carried away, such particles when broken up into minute fragments, are less dangerous, because they could be more easily destroyed by the vital activity of the peritoneum.

Original Articles.

HISTOLOGICAL INVESTIGATION OF LUPUS ERYTHEMATOSUS. (*CAZENAVE*).

BY ROBERT B. MORISON, M.D.

Professor of Dermatology in the Baltimore Polyclinic and Post Graduate Medical College.

The following investigation was made in July last at the suggestion of Prof. Pick in Prague. He was kind enough to provide the material and to assist in many ways with his advice towards the completion of the work. The most interesting and typical form of the disease was chosen from among many which happened to be in the hospital, and from this case the skin was obtained. The following history was kindly copied for me from the records by Prof. Pick's assistant, Dr. Winternitz.

O. T., æt 22, unmarried. She is a medium-sized well-developed strongly-built woman. There is no swelling of the lymph glands. Percussion and auscultation nothing abnormal. Spleen and liver not enlarged. Is a virgin. No albumen in urine. Hair brown, iris grey, complexion brunette, face and arms covered with freckles.

The lips are the seat of brown, closely adherent crusts or scabs which upon pressure show they cover a small amount of pus. If the crust be removed a thin layer of new epidermis is seen. Nearly symmetrically situated upon either cheek, each side of the nose, under each eye and lobe of each ear there are patches from the size of a dime to that of a silver dollar, which are red with slightly elevated scaly perifery and with their centres light yellow and covered with a closely adherent crust. On the hairy scalp where there are many patches the crusts are more noticeable and the spots are bald. Also nearly symmetrical along the spinal column on either side, on both shoulders and loins, on the extensor side of both arms the same characteristic patches are to been seen.

Three pieces of skin were cut from the back of the patient *intra vitam* by Prof. Pick. Before the excision complete local anæsthesia was produced by the hyperdermatic injection of an ordinary sized syringe full of a ten per cent. solution of muriate of cocaine. Being performed thus painlessly it is probable that the nerves are less liable to sudden changes than when irritated by simple excision.

They were all larger than a ten cent piece, being oval in shape and thick enough to include a portion of the subcutaneous tissue. Each piece represented a different stage of the disease, from a patch just beginning to a patch at the acme of eruption.

The first piece was placed in osmic acid, the second in alcohol, and the third in Müller's fluid. Sections from each piece were made with a microtome and stained variously in lithion-carmine, hæmatoxyline, carmine and methyline-violet, Bismark brown, Weigert's method for the nerves and Gram's and Ehrlich's methods for micro-organisms.

A general supervision of sections made with a low power showed a congestion around the vessels throughout the skin. The upper and lower layer of capillaries as well as the vessels around the sweat glands, sebaceous glands and neurolemma were the seat of this congestion.

Under a higher power the inflammation was seen to commence around the vessels in and near the sweat and sebaceous glands, to mount upwards, following the ducts of the glands, spreading along the nerves and vessels every where until the papillæ where reached. There was marked and characteristic proliferation of epithelial cells whereever there was evidence of inflammation, and which in some places in the papillary layer was so profuse as to almost obliterate the usually well-defined line between that layer and the corium. This cell proliferation was to be seen scattered through the sections surrounding vessels, the nerves, the gland ducts and the hair follicles. In the corium it was confined to the neighborhood of the above mentioned localities, and only became general and spread out where the formation of epithelium is natural in the upper layer of skin. While suggesting a certain degree

of malignant new growth it was seen to be confined without occupying the place of organic tissue.

Noticeable was the difference between the newly formed perfect cells and those which were gradually undergoing disintergation. They began as normal epithelium and passed then into swollen puffy *hydropic* cells of which the nuclei began to shrink, and lastly disappeared altogether. The hyperplasia of the epithelial cells, which in this case was remarkable, would be endless if the changes in the constituents of the cells did not necessarily determine their certain death. The result of this inflammation and cell proliferation upon the epidermis was to increase its active formation and its thickness.

The upper cells were constantly being pushed forward by those forming underneath and were finally forced to drop off or were seen to cling in little scales to each other in rough heaps.

In many there was a general breaking down or necrosis of the tissues included in the upper portion of the corium and papillary layer. No formation of pus or cheesy degeneration was discoverable anywhere. Following this disintegration and loss of tissue and after the portion of skin affected had begun to heal, a thin layer of epidermis closed over it completing the process. It is in this way that the eschars, which so frequently are left behind after an attack, are formed. They are not, however, true eschars since there is no formation of fibrous tissue to take the place of the old or formation of pus. Neither vesicles nor pustules were found and the thinlayer of epidermis sank below the surrounding skin wherever there was a loss of tissue.

Close inspection showed that all the sweat glands in the diseased skin were inflamed and that all the blood vessels in or around them were markedly dilated. In some places the glands were almost obliterated from the effect of the violent inflammation of which they were the seat. The inflammation in the papillary layer was great but not sufficient to account for the changes in the glands and there were many places where, although the glands—both sebaceous and sweat—showed an inflammation still none was visible above them. The glands seemed undoubtedly first inflamed and the papillary layer subsequently and even then only in spots.

The same intense inflammation was visible in the sebaceous glands followed by an extraordinary proliferation of epithelium surrounding the hair follicles. It was here that the pathological appearances approached so nearly to those of epithelioma as to suggest malignancy, until a continued survey of numerous sections disproved it. The epithelial cells instead of forcing their way into and occupying the place of surrounding tissue, were seen to confine themselves to a simple hyperplasia not extending beyond a circumscribed area.

The nerves in the sweat and sebaceous glands were abnormally changed. They not only were surrounded by an inflammed neurolemma but were themselves knotted and uneven. Here and there infiltrated with wander cells and in other places pinched in as if tied round with a string, they appeared to have been the seat of a decided inflammation. The changes were seen only in the various glands although the finer nerve fibres could be followed along the vessels and gland ducts upwards into the papillæ.

The search after micro-organisms was fruitless with the exception of finding small colonies of cocci in some of the glands and in the cells of the upper layer of epidermis. They were stained by both Ehrlich's and Gram's method and were found after being treated by each. Colonies of cocci are seen so frequently in the skin both in the upper layers and in the glands that no especial importance need be attached to them. No bacilli were found.

In all this description of microscopical appearances there is nothing to suggest that this disease which is called lupus erythematosus has anything in common with true lupus. They are histologically alike in nothing excepting that in each there is an inflammation. It does not require much care, however, to discover that even in this respect the two diseases are not allied. The inflammation here described differs from that of true lupus in that there is no heaping together of

wander cells, there are no giant cells, there is no cheesy degeneration or suggestion of tuberculosis.

Hebra who at first called the disease seborrhœa congestiva, but who was led by Cazenave to change it to lupus erythematosus, according to this investigation was more correct in his first choice of a name.

It is, however, in so far faulty, as it did not include the sudoriperous as well as the sebaceous glands. It may be well in this place to call attention to a subject of dispute which has never quite been decided before by dermatologists, and that is whether it is possible to make a diagnosis of this misnamed disease upon a part of the body where there are no sebaceous glands. The disease depending apparently upon an inflammation of any of the skin glands it may appear even where a certain class of glands is absent.

As the investigation of this disease shows so wide a difference between it and true lupus it may well be considered that the ordinary name of lupus erythematosus, by which it is known, is misleading and confusing. The disease appears to belong in the group of inflammations, is a dermatitis in fact, which starts in the glands and which may be called a *dermatitis glandularis erythematosa.*

NOTE ON A CASE OF ANENCEPHALOUS MONSTER.*

BY CHARLES W. DULLES, M.D.,

Surgeon to Out-patients in the Hospital of the University of Pennsylvania, and in the Presbyterian Hospital in Philadelphia.

Several years ago I was sent for in haste to see a woman in labor, whom I found with a very large abdomen and a most active fœtus. In fact, the fœtus seemed to flounder about like a frog in a bowl, and it kept up a remarkable thumping against the belly-wall with its feet and hands. When the bag of waters broke, the escaping fluid deluged the bed and the floor. On making examination, I failed to determine what part of the fœtus was presenting, for it was soft and yielding, while by palpation and auscultation I thought the vertex should be felt. In about half an hour, however, labor terminated naturally and the fœtus was rapidly expelled, head first. It proved to be an anencephalic monster; and although it had displayed such activity a short time before, it was not living when it came into the world.

This species of monster is not uncommon; but there happens not to be one of its kind in the Mütter Museum, so I have thought it might well be deposited there.

At the time when the case was fresh I began some investigations in regard to the subject of monsters, which were interrupted by other occupations. They went far enough, however, to demonstrate a few points which I will mention:

1. The occurrence of anencepchalous monsters is not very uncommon.

2. Monsters "by deficiency" are more numerous than monsters "by excess," among which may be classed those with supernumerary parts, those with preternaturally developed parts, and double monsters.

3. The literature of monsters by excess is quite large, that of monsters by deficiency is very small.

4. Monsters are apt to be accompanied by a very large quantity of liquor amnii.

5. The birth of monsters by deficiency is usually easy.

6. Anencephalous monsters are usually exceedingly active before their birth.

7. Anencephalous monsters usually die during, or within a very short while after ,their birth.

I think the curiosities of this subject would amply repay a thorough investigation of it by some one who has time to make it. Dr. George J. Fisher, of Sing-Sing, has investigated the subject of monsters quite fully, and has written an interesting paper on the subject which has been published.

But he has considered especially monsters by excess. In reply to my inquiry

*Read before the College of Physicians of Philadelphia, November 3, 1886.

about monsters by deficiency he wrote me: "There is no treatise on this specialty that I know of. The literature of teratology is quite extensive, but much scattered. I have collected in twenty-five years from every part of Europe, about 300 works, large and small (mostly pamphlets)."

My own investigation of this subject has been more interesting than instructive. The majority of the recorded cases have been—as mine is—simply descriptive, and I have found nothing in those recorded, or in the works specially devoted to teratology or to embryology, which has thrown any satisfactory light upon the principles which underlie the origin of monsters. They are still to our eyes an accident, a *lusus naturæ*, as little understood as they were more than 300 years ago, when Sorbinus, reflecting the sentiment of his age, connected them with a great variety of public calamities.

DISCUSSION.

Dr. Richard A. Cleemann remarked: I would ask in regard to the condition of the genital organs in this case. Some years ago I delivered an anencephalic monster. The parents were anxious to have the child baptized, and when I examined the genital organs I found nothing but a bag. The priest arriving, I left him to decide whether the child was male or female.

Dr. O. H. Allis said: In my limited experience with this deformity, I have noticed a strong resemblance between the different cases, and if the explanation is reached in one case, it will apply to all. If the head of this specimen were examined, I think that it would be found that there was no brain until the medulla oblongata was reached.

Dr. H. F. Formad said: I think that it has been established by Virchow's investigations, that these cases of anencephalic monsters are the result of hydrocephalus in early fœtal life preventing the development of the brain. In hydrocephalus occurring at later periods, we see all degrees of non-development of the brain. I have seen a case where the ossification of the bones was prevented by this condition, and in this case the brain was very slightly developed.

Dr. Dulles: I am aware of the observations to which Dr. Formad has referred, but the case which I have presented does not belong to the class in which the development of the brain is prevented by hydrocephalus. I believe that there is no theory as to the occurrence of monsters which is perfectly satisfactory. This case, I believe, deserves a more careful study than it has received. It would be interesting to note whether or not the olfactory bulbs are developed, and whether or not there is a hiatus between them and the medulla. I fancy that there would be found an unbroken connection between the olfactory bulbs and the medulla.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD NOV. 19, 1886.

The President, Dr. Randolph Winslow, in the chair.

Dr. Geo. H. Rhoé read a very interesting and exhaustive paper on

ELECTROLYSIS AND SOME OF ITS APPLICATIONS IN MEDICINE AND SURGERY.*

DISCUSSION.

Dr. I. E. Atkinson thanked Dr. Rhoé for the pleasure he had derived from his paper. He considers it the only method for the complete removal of superfluous hairs. In this operation he has discarded the use of the steel cambric needle for the irido-platinum needle introduced by Dr. Hardaway of St. Louis. For the removal of superfluous tissue he thinks there are better methods, but for the removal of superfluous hairs and small nævi he considers this method the best one.

*See MD. MED. JOUR., Nov. 20th, 1886.

Dr. L. McLane Tiffany then reported a

CASE OF ANGIOMA OF THE RIGHT UPPER EXTREMITY.

It occurred in a child 5 years of age, whom he first saw two years ago. The tumor was a congenital angioma involving the right hand and dorsum of the right forearm. The hand was very much deformed. There were several enlarged glands in the axilla. The child was occasionally ill and at these times the growth became of a purplish hue.

The treatment was begun by inserting into the tissue at different points threads of silk that had been soaked in a solution of tartar emetic. Improvement began but after about two years she returned with the growth as bad as it originally was.

The treatment that was then instituted was the use of the thermo-cautery.

The growth on the hand presented itself in the form of nodules of larger or smaller size. Crucial incisions were made into these swellings and their interior thoroughly wiped out with the heated knife.

The wound was cleansed and dressed, and the dressing was not removed for more than three weeks. The result was all that could be desired.

After about two months the operation was repeated upon the other nodules on the back of the hand and the dorsum of the forearm, and excepting a temporary delay caused by the accidental interference with the dressing, the wounds also healed kindly. Of the two sittings the first was the more satisfactory. It was entirely painless. There was no sloughing other than the small amount caused by the cautery.

DISCUSSION.

Dr. I. E. Atkinson called attention to the great variation in size, character and development of these tumors. They range from the smallest innocent nævi to the large cavernous angioma just referred to. He has had very little experience with the large forms that have just been described by Dr. Tiffany, but of the smaller commoner varieties, such as the "port wine" marks, he has seen a large number. The most of these growths tend toward self-limitation but this is sometimes not reached until much deformity has resulted.

The commoner forms of the angioma are superficial and do not go deeper than the skin, but the larger varieties as was seen in Dr. Dr. Tiffany's case are located deeper down in the fascia.

The treatment in these cases that has given him the greatest satisfaction is the introduction into them at different points, threads soaked in deliquesced caustic potash. These threads are reinforced as sloughing progresses until the whole growth has sloughed away.

A common objection to this treatment is the danger of emboli formations which may get into the circulation and cause trouble. Where caustic potash is injected into the growths in a fluid condition he thinks the possibility of such an accident very great but, where threads soaked in the solution are employed, he thinks the action localized to the neighborhood of the thread, and moreover the action is so gradual that he thinks the element of danger from emboli almost entirely eliminated. I has in his hands always given the most favorable results.

Dr. Randolph Winslow asked Dr. Tiffany if he understood him to say, in speaking of his case, that there could be no healing of a wound without the formation of pus?

Dr. L. McLane Tiffany replied that it depended entirely upon what Dr. Winslow meant by pus.

Dr. Randolph Winslow. If antiseptic precautions are properly observed there can be healing of a wound *absolutely* without pus.

Dr. L. McLane Tiffany said it was his opinion that in all such cases there was an exudation of liquor sanguinis, holding in suspension a greater or smaller number of leucocytes. He was not prepared to say just what the relative number of leucocytes should be to constitute what Dr. Winslow meant by pus.

Dr. A. K. Bond asked Dr. Tiffany if

the cautery acted upon the whole growth at once or only at the points of application.

Dr. L. McLane Tiffany said its action was localized to the parts to which it was applied. It caused shrivelling of the veins.

Dr. L. McLane Tiffany then reported a

CASE OF INFLAMMATION OF APPENDIX CÆCI WITH PERFORATION.

It occurred in a man æt. 28 years. He saw the patient in company with Dr. Henry M. Wilson on the sixth day from the time that Dr. Wilson had first seen him. He found the patient with a fluttering pulse, surface cool, pain in the belly and in short, in a collapsed condition. Reaction was not established until after three hours. When it did set in the belly became smaller and everywhere tympanitic. For the past six months the patient had been complaining of pain in the abdomen. It was not referred to any fixed point.

The patient was kept quiet by the use of opiates. After the first collapse the pulse did not rise above 100, neither did the temperature go above 100° F.

On the next day the patient complained of intense pain in the penis. Pressure over the belly caused pain.

On the sixth day the diagnosis was made, that there was a foreign body in the appendix cæci and that perforation had taken place. The pain in the penis was so great that perforation was thought to be intra pelvic and that the bladder had became involved in the inflammatory process.

General peritonitis was excluded by absence of elevation of the abdominal surface temperature. Laparotomy under the circumstances was not considered advisable.

On the following Sunday (13th day) fluctuation was detected in the left inguinal region. There was a swelling from which pus was drawn with an aspirating needle, the opening was enlarged with a knife and a quantity of pus evacuated. The cavity was then washed out and drained with drainage tubes.

The patient died that night, having been delirious since the preceeding Wednesday. A diagnosis of septicæmia had been made.

Autopsy revealed a mass of intestines glued together by plastic exudation and forming one of a cavity that incysted a quantity of pus, which lay in the region just behind the pubes. A bit of hardened non-nucleated fecal matter was found in the pelvis, but the point of perforation was not made out.

The pus was incysted in such a way and in such a position that it was impossible to have reached it from without.

He thought the localized peritonitis due to the presence of the foreign body that must have been there for some time.

Dr. N. G. Keirle asked Dr. Tiffany to discribe in detail the appearance of the appendix cæci.

Dr. L. McLane Tiffany could not do so as he did not do the autopsy himself and the dissector had cut the appendix off. The dissector did not find an opening in its walls. From what he could make out, Dr. Tiffany thought the appendix the point of origin of the abscess, which in time arose from from the necrosis of the appendix walls.

Dr. N. G. Keirle thinks too much stress is laid upon the presence of foreign bodies in the appendix cæci. The histology of this tissue indicates the probility of its taking on an indiopathic form of inflammation. Many of these cases respond favorable to treatment.

Dr. I. E. Atkinson thinks the presence of hardened fecal matter in the vermiform appendix a common observation, and they do not always give rise to perforation. The diagnosis is not always possible but many of these cases indicate their nature by swelling and pain over this region. There is likewise an œdema of the neighboring soft tissues consequent upon the ulcerative process.

He don't consider the sudden appearance of tumors in this region always an indication for operation. Many of these cases recover under therapeutic treatment.

The diagnostic points in perforation of the appendix he thinks are pain in this

locality for a few hours, collapse and a general or localized peritonitis.

He thinks where operative procedures are resorted to that chances for success are proportionate to the promptness of the surgical aid.

Thinks many cases of perforative appendicitis can be saved by early and judicious operation. He believes that perforation does sometimes occur without proving fatal.

Dr. N. G. Keirle: Fitz considers perforation of the appendix cæci one of the most fatal of accidents. If the irritating particle is in the cæcum or in the ascending colon, the anatomical arrangements of these parts permits of two results: Either perforation into the peritoneal cavity or abscess in the cæcal tissues. He has seen fatal results from asthenia in patients in whom there was a slowly growing abscess in these tissues. These cases may go on without any peritonitis whatever. But in the appendix we have a different arrangement of the parts. Here this bit of intestine over the whole of which the peritoneum is reflected hangs directly within the peritoneal cavity. Perforation or inflammation can not, therefore, occur in its walls without involving the peritoneum with production of more less of peritonitis.

Dr. L. McLane Tiffany thinks the points made by Dr. Keirle very important. Thinks the anatomical arrangement of the parts makes a great difference in the pathological possibilities. If operation is to be done after perforation it should be instituted immediately after the patient reacts from the collapse.

He don't advocate operation in all cases. Thinks the fatal results in abdominal sections often due to the handling of the intestines.

In perityphlitis we have time to wait. In appendicitis action must be prompt.

THE BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING, NOVEMBER 16, 1886.

INTRA-OCULAR CANCER IN A CHILD.

Dr. J. J. Chisolm had occasion to operate to-day on a case that was calculated to appeal to one's sympathies. The patient, a little girl of about two years of age, was brought to him by her mother in order that he might rectify, if possible, a peculiar expression that she had noticed in one of her child's eyes.

At a glance he noticed the yellowish appearance that is so characteristic of intra-ocular cancer. The mother stoutly refused to permit ophthalmoscopic examination until she was made aware of the serious nature of the trouble.

Upon examination he found nearly the whole of the eye filled with a gliomatous tumor formation, not, however, invading the optic nerve, but apparently confined to the retina and sub-retinal coats.

After consideration the mother consented to permit enucleation to be performed.

In the opinion of Dr. Chisolm there will, in view of the fact that the growth does not involve the optic nerve nor any of the socket tissues, not having broken throught the outer coats of the ball, be no return; but should it have infiltrated the nerve or socket tissues the prognosis would have indeed been very grave.

The common history of these cases is that when they present, there is a characteristic yellowish reflex that shows plainly through the pupil even without ophthalmoscopic aid. The growth continues to develop, the optic nerve becomes infiltrated, likewise the outer coats of the ball, until perforation and extension to socket tissues occur. They are accompanied by great pain increasing as the trouble progresses, and they not infrequently prove fatal in about one year unless aid is given sufficiently early. Recurrence is the rule after operation if the nerve or socket tissues are involved. In this case the doctor does not anticipate any return of the growth, as it was an unusually favorable case for operation. He has also seen a child in which both eyes were affected by a similar pathological process. No operation was done, and when the child died its eyes were nearly the size of its head.

FRACTURE OF CERVICAL VERTEBRÆ.

Dr. W. Chew Van Bibber said he had

recently been invited by Dr. Robert Johnson to attend a post-mortem examination upon one of his patients who had died under rather peculiar circumstances.

The subject was a well-built man, a carpenter by occupation, who while persuing his calling had a fall from which he recovered only partially, when he attempted to return to his work, but found it impossible to continue. He came to Baltimore for treatment and was under the care of Dr. Robert Johnson for four or five weeks previous to his death. There was a swelling on the back of his neck about the fourth cervical vertebra and besides this no other lesion could be found. He made no improvement upon treatment and finally died.

At the autopsy, made by Dr. Wm. T. Councilman nothing was found to account for death until section of this swelling in the cervical region was made. Here there was found a complete solution of continuity of the bony column, the true nature of which was not then made out as a histological examination of the tissues was necessary.

Dr. Van Bibber referred to several cases of fracture of cervical vertebræ that have occurred in his practice, but none of them behaved as this case did. They were all seriously affected from the first.

He referred to the case of Sir Charles Bell in which the patient who had received an injury in the cervical region, in bowing himself from the surgeons presence, completed the partly severed bony segments and dropped dead upon the floor.

CALCIFICATION OF CORONARY ARTERIES.

Dr. James Carey Thomas said a case had recently occurred at the Alms House that he considered interesting. The patient while walking across the floor suddenly dropped, absolutely dead. Autopsy revealed calcification of caronary arteries and calcification elsewhere in the heart. It has been pointed out that in these cases in which death is instantaneous the trouble will usually be found in the heart.

Dr. J. J. Chisolm said deaths arising from lesions in the brain are never instantaneous.

Dr. Thomas said he was anxious to know what the autopsy had revealed as the cause of death in the case of Dr. Richardson, of Philadelphia.

Dr. Van Bibber related a very amusing experience that he had had in the early days of his medical career. He was suddenly called upon to do a post mortem examination on a young colored women who had died suddenly on the street. He, after procuring the assistance of four of his young medical brethren, proceeded to find the cause of death. The autopsy was begun at about 10 o'clock on a very warm summer morning and ended the next afternoon at 4 o'clock and he has not yet discovered what was the reason for the woman's death. His description of the method employed for removing the spinal cord was exceedingly amusing, especially, as after hours of labor the cord was removed in an unrecognizable mass. He said that this experience had been recalled to his mind by the very strong contrast between the methods employed for these operations at that time, and those used at the present date.

Dr. G. Lane Taneyhill said he did not think the improvements on these methods were all of very recent date as in 1864, during his service in the civil war, the instruments employed at autopsies were of a very convenient design.

Dr. John Uhler has seen so much blundering by general practitioners who pretend to make post-mortem examinations that he has concluded that when an autopsy is to be made, it should be referred to some one especially trained in this work.

Dr. James Carey Thomas said as regards the case of fracture of cervical vertebræ referred to by Dr. Van Bibber that he had been informed that no definite opinion as to the true nature of the bony lesion had as yet been given, and that the tissues were now undergoing manipulation preparatory to histological examination.

A CONTRIBUTION TO THE HISTORY OF HYDRAMNIOS.

Dr. Robert T. Wilson closed the exercises of the evening with a very exhaustive paper with the above title.

PHILADELPHIA CLINICAL SOCIETY.

STATED MEETING, HELD OCT. 22, 1886.

Dr. Clara Marshall reported a case of

OVARIOTOMY

as follows:

Hanna B., æt. 55, single, a resident of Philadelphia; was admitted to the gynæcological department of the Philadelphia Hospital the latter part of August, 1886. Previous to that time I saw her in the medical department in consultation with Dr. E T. Brnen, who had already made the diagnosis of ovarian cyst, and through whose courtesy the patient was transferred to the gynæcological wards. The patient's mental condition being below the normal standard, it was difficult to obtain a reliable history of the case. However, her statement was somewhat as follows: Her father and one sister died of heart disease, her mother of old age, one sister and one brother died of dropsy. She has one brother living and well. As a child she was sickly, but since that time (with the exception of the past year) she has been in fair health.

Early last winter she noticed that both lower extremities were beginning to swell; subsequently the abdominal enlargement was observed, which increased rapidly until it reached its present size.

Upon admission the left leg, only, was swollen (pitting distinctly upon pressure) and the abdomen was larger than at the end of gestation.

The heart, lungs and liver were normal, and analysis of the urine yielded negative results. The patient was emaciated, and circulation very feeble, the extremities being of a somewhat venous hue and cold to the touch; bowels regular, appetite poor.

Special attention was given to improving the patient's general condition; she was given nutritious, chiefly liquid food; flannel under-garments were ordered; the nurse was directed to give a warm bath every other night, followed by brisk friction. She was given quiniæ sulph., grs. iij three times a day, also Basham's mixture as a diuretic tonic. Under this treatment the general health improved and the patient described herself as feeling much more comfortable. Previous to the day fixed for the operation great care was taken to free the operating room from infection; the walls and floors were washed with a solution of the corrosive chloride of mercury; the walls were then white-washed (corrosive sublimate being added to the white-wash). Every article of furniture in the room was washed with a solution of corrosive sublimate and finally the room was tightly closed and fumigated with sulphur. The instruments were disinfected with carbolic acid, all other articles, including sponges and towels were boiled in a solution of corrosive sublimate.

On september 23d, 1886, at 11:40 A. M., the patient being etherized, the operation for the removal of the cyst, was begun, with the assistance of Drs. Parish, Styker, Richardson and McLaughlin, and in the presence of several members of the resident staff. An incision three and one-half inches in length was made in the abdominal wall, between the umbilicus and symphysis pubis, and the tissues were divided until there came into view a cyst, which proved to be a multilocular cyst of the right ovary, free from adhesions. The patient was turned upon her side; an incision made in the cyst, its contents evacuated, and the tumor drawn through the incision. The pedicle was ligated after the method of Lawson Tait, and after the cauterization of the stump was dropped into the abdominal cavity. The wound was closed with black silk sutures, and dressed antiseptically, the dressing being secured by adhesive strips and a flannel binder. The weight of the tumor was sixty-five pounds. Immediately before the operation the patient's temperature was 100° F., pulse 90.

During the operation the pulse was steady, and varied between 80 and 96. Shortly after the completion of the operation the pulse was 100, temperature 99⅗°. There was no vomiting either during etherization or subsequently, and reaction was perfect; the patient dropped into a quiet sleep from which she aroused occasionally and complained of nausea, which would either pass off of itself or was quickly controlled by a hypodermic injection of gr. ⅙ morph. sulph. and at 6 A. M., the following day she was fully conscious of all the surroundings and seemed to show more intellectual acumen than everbefore. For the first thirty-six hours the temperature ranged from 99.4° to 100.4°; pulse 96 to 100; respiration 20. During the latter part of the second day the temperature rose to 102.2° pulse 94, and the patient complained of severe pain in the right iliac fossa. By the third day a cough was developed and the abdomen was decidedly tympanitic. The temperature under the influence of quinine and cold sponging, was reduced to 100.2°, only to rise again, reaching on the fourth day 104.8°. In spite of the rise in temperature the suffering was not great, comparative freedom from pain being secured by means of opiates. But on the fourth day all the symptoms rapidly increased in severity, and death took place in exactly four days from the date of the operation.

The post-mortem examination (made by Dr. Wm. Osler) while revealing septic peritonitis as the direct cause of death showed also, certain other factors in the case, some of which were entirely unsuspected. The following extracts from the report, are of interest.

Abdomen.—The wound in the abdomina wall looks healthy, and has united by first intention. Peritonitis in the lower region of abdomen. Lymph glues coils of intestines together and to the abdominal walls; not much effusion. Pus in the right iliac fossa. Slight amount of bloody serum in the pelvis. The most extensive inflammation is in the neighborhood of the right broad ligament. Moderate injection of vessels over coils of intestines.

Kidneys.—Left is represented by a small, firm, hard organ, greatly contracted; only a small portion of normal tissue remains; weight less than one ounce.

Thorax.—Evidences of a recent pleurisy in the lateral region of the left side.

Lungs.—Left crepitant except at lower lobe, which is heavy, airless and deeply œdematous. Right posterior part of middle lobe solid; lower lobe dark in color, deeply conjested and presents several patches of lobular pneumonia; no suphurating foci.

Pelvis.—Uterus closely adherent to right wall of pelvis. Thick layer of lymph covers attachment of pedicle. Ligature is firm, its line initiated with pus. Inflammation is curiously limited to fascia covering psoas and part of transversalis muscles. Anterior surface of uterus shows no lymph, but upper margin presents a thick dense layer. Right broad ligament infiltrated with bloody serum. Left ovary and tube normal. Orifice of left internal iliac vein obliterated. The left common iliac, left external and internal iliac veins are occluded by old thrombi, these thrombi being densely adherent.

Dr. James B. Walker then read a paper entitled

OIL OF TURPENTINE IN CHRONIC CATARRHAL AFFECTIONS.

What I may say on the subject of the terebinthinates can present no claim to originality, for Phrig describes several variesties of turpentine and speaks of their use for coughs and ulcerated bowels (Stille's Therapeutics) and Boerhave and others in the last century recommended the oil for chronic affections of the lungs and bowels (*Ibid*). John Hunter advises it in hemorrhages, stating: "I have seen it immediately stop vomiting of blood from the stomach after all other means had failed;" adding, "it is the best, if not the only, sure styptic." In 1826 Dr. George B. Wood drew attention to its use in certain conditions of fevers marked with dryness of the tongue, tenderness and slight disten-

tion of the abdomen, a frequent and feeble pulse, wandering intellect and an anxious expression of countenance which his own subsequent experience and that of a number of others has verified Stillé in commenting upon this states, "Its mode of action appears to be, locally, that of a healthy excitant of the intestinal ulcers, promoting their cure; and at the same time that of a genial stimulant of the whole economy. Chapman, in his therapeutics refers to its use in certain intestinal fluxes and asserts that in certain chronic diarrhœas, where the discharges are such as to denote the mucous coat of the intestines to be chiefly affected, "it is an incomparable remedy." But in spite of these historical facts it is no less true that our text-books of to-day, give but slight testimony to its efficiency, and many of them ignore it usefulness in catarrhal conditions. Turpentine taken internally is capable of impressing almost the entire mucous surface of the body. The exceptions are the uterus and vagina. It directly impresses that of the entire gastro-intestinal tract before absorption, and being eliminated by the renal and pulmonary tissues reaches the mucous surfaces of the tracts communicating therewith. Such an agent, possessing decided powers of impressing tissues with which it comes in contact; must possess marked therapeutic value. Add to this its known powers as a *general stimulant* through the blood to the various tissues with which it is brought in contact during its transit from entrance to exit, and we have its field of usefulness infinitely extended.

It is not my purpose on this occasion to call your attention to *all* it is capable of doing, but to limit the observations of its usefulness in the chronic catarrhal affections of the alimentary tract and the lungs. In hemorrhages from these surfaces it possesses peculiar powers. This is especially sure of the stomach, in ulcers of whose mucous coat it stands preëminent. Here it can be brought in contact with the diseased and bleeding surface most directly, and in concentrated form. In hemorrhages of the intestines it is only a little less valuable and even here it ranks with any styptic and outranks most of them. This is as true of the hemorrhages of engorged mucous membrane in the earlier days of typhoid fever, as of the hemorrhages from the ulcers at a later period. In the latter instance aids, such as opium, are indispensables of course, but the direct styptic action of turpentine is unquestionable. But these are matters of every day experience.

In the subacute and chronic diarrhœas, which are more or less prevalent in our variable climate, the remedy is used to a much less extent than its efficacy deserves. During the past ten years my confidence in its value has been abundantly and increasingly stimulated in somewhat extended experience in hospital and private work. I will cite an instance, as illustration, of a young woman who for several months had been tormented with a diarrhœa which persisted in spite of bismuth, opium, nitrate of silver, sulphate of copper, the mineral acids, and other well known agents used singly or some of them combined together with abstemious attention to a suitable diet. The diarrhœa would sometimes be checked, only to return with the cessation of the remedy. Oil of turpentine induced almost immediate relief, which was permanent. The diarrhœa in this case was of the nature of a lientery. This is but one of a large number of similar experiences, which I could detail more or less fully, did time permit, so that I have come to look upon the remedy as an incomparable one, in cases of chronic diarrhœa where the mucous membrane over an extended tract is invovled in chronic inflammation and the results thereof.

In these cases bismuth is not serviceable as in acute disease. Indeed I reckon the value of bismuth in catarrhal diseases of the intestinal tract, as great in the *acute* stages, but rapidly growing less in the sub-acute and *chronic* cases, its value being in inverse proportion to the chronicity; and in real chronic cases its mechanical presence, instead of being an aid to reparative changes has seemed to aid in keeping up the irritation. Opium in these cases by lessening

peristalsis, will arrest the diarrhœa only to be followed on its cessation with an aggravation of the trouble. Lead and silver salts, unquestionably, seem to arrest the catarrhal conditions, and tend to repair the tissue, but how little their influence must be in small quantities which can be safely administered, and the extensive surface upon which they must distribute their influence to be of any avail. Besides, in most of these cases, the diseased areas are more or less protected from the influence of such agencies as these by a tenacious environment of mucous. Here it is true, the mineral acids have proven of invaluable service. But even where they have failed, as in the above instance the turpentine has, in my hands, acted promptly and efficiently. The quantity taken in these cases can be considerable without irritation, and the volatile nature of the agent enables it to diffuse itself throughout the bowel into all of the interstices thereof, and to permeate even the mucous environment of the diseased glands and directly impress these structures.

The best time for its administration, in these cases, is between meals and at bedtime. If, however, taken on an empty stomach its regurgitation is decided, it should be administered about an hour after a meal.

Another class of affections, equally favorably influenced by turpentine, is those associated with chronic bronchitis. Ammonia salts, from their influence on the respiratory tract, have, in great degree, crowded the terebinthinates to the wall. This is not as it should be. Both classes have their value, both have great value, but each has its own peculiar value. In proportion to the chronicity of bronchial catarrh, ammonia becomes of *less* and turpentine *more* value. This is simply the conclusion to which my experience has brought me. It may not agree with that of others, it may not be correct; but it seems to me to be justified by my own experience.

One of the earliest experiences I had with turpentine, in this class of cases, was in a case of a young man, of slight build, about 21, who during the exhausting latter days of an attack of typhoid fever in which there had been more than the ordinary slight bronchitis, with which almost all cases are characterized, developed a disseminated catarrh which involved the alveoli of one of the bones and developed numerous foci of catarrhal pneumonia. I had been watching the case for some time, as a consultant, and on the development of this condition advised the use of turpentine as the most desirable stimulant. One of our most eminent authorities was called to aid, after a few days, who verified the diagnosis, gave a very unfavorable prognosis and sanctioned the use of the turpentine. Under its use convalescence was established, the lung entirely cleared, and the patient still remains well and has since taken out a life insurance policy after a rigid examination. Since then I have used this dose with increasing confidence not only in catarrhal conditions secondary to acute disease, but in primary catarrhal diseases which linger and threaten to involve the alveoli; which have already involved the alveoli and become entitled to classification as incipient phthisis. In the dry forms the drug has not seemed desirable, but in the form characterized with decided, or abundant, expectoration its best effects are obtained. It is of course, not a panacea. Many of these cases despite its administration, go on from bad to worse, but in enough of them are beneficial results obtained to make me value the the remedy as among the best.

Two other instances in which I have used the drug are as follows:

Case I.—Mrs. G. æt 34 had a good constitution with no phthisical tendency, early last winter she developed a bronchial catarrh which she allowed to run on for five weeks without giving it any attention.

Upon examination I found diminished respiratory power over the entire right side; fine moist rales throughout, most marked in the axillary and intra-axillary region; limited pleuritic friction sounds in intra-axillary region; prolonged expiration, especially at the apex, an impaired reasonance. Flesh and strength were rapidly lost and the case threatened

to be one of rapid phthisis; there were frequent chills, afternoon fever and decided night-sweats. The main stimulant was turpentine in parts ♏v. after each meal and at bed-time. This remedy should be kept up for three or four weeks, then discontinued for a week, giving muriate or carbonate of ammonium instead. When the cough was worse on lying down inhalations of chloroform were used to insure sleep. By the time summer commenced the patient's condition was much improved. There is remaining a slight crepitus over the pleuritic spot, but the patient has regained her normal flesh and strength.

Case II.—Was a clerk in the office of the Pennsylvania Railroad. One evening he had some spitting of blood, on examination I found a pneumonic condition of the upper lobe of the right lung, there was not much solidification, but the respiratory force was much impaired. The patient was sent to the country for three months, during which time the lung cleaned up nicely, turpentine being the one remedy.

Its method of administration may be varied. It may be given as terebene, oil of turpentine, or tar dropped into a pitcher of boiling water and the vapors inhaled through a paper funnel, a method which is of advantage in the cases where the larynx and trachea are chiefly affected. Here, also, one of the many forms of oro-nasal inhalers may be used for the administration of terebene, oil of turpentine. But where the smaller bronchi are involved inhalations are of doubtful local service, little if any of the remedy reaching the part. The internal administration is here indicated. The oil may be given in capsules, gelatine capsules being preferred by the dispensing druggist; or the more elegant French pearls may be substituted containing five or ten drops of the remedy, and one or two of these given an hour after eating. In this form the drug is not tasted, unless regurgitated, and if taken an hour after meals will be so quickly passed into the intestine as to interfere but little, if at all, with gastric digestion, or be returned to the mouth. In intestinal catarrh it may be administered in capsule also, or if from the age of the patient, or his inability to swallow the pearls or capsules, an emulsion may be made and the acrimonious taste of the turpentine may be entirely concealed by adding a small quantity of oil of anise seed, whose influence is an adjuvant to the turpentine in the diseased condition. In bronchial catarrh where the ammonia salt seems also desirable, a combination like this may be used with advantage, and is quite a favorite of mine in cutting harrassing bronchial catarrhs, which persist in remaining:

℞ Ammon. chloridi.	ʒ iss.
Vini Picis Liquid,	℥ ss.
Syr. Tolutani	ʒ j
Aquæ	℥ iiss.

Sig. Dessert spoonful every four (4) hours.

But when catarrh involves the alveoli I much rather prefer the turpentine itself.

If I have seemed to make too much out of small matters I hope to be excused. My desire was two-fold: First, to call attention to a valuable aid in combatting forms of disease only too prevalent in our climate; and secondly, to have my experience confirmed, or corrected, by that of my fellows. Of the value of the drug in certain catarrhal affections of the genito urinary organs I prefer to be silent at present, both for want of time and of sufficient experience to be of much value.

DISCUSSION.

In the discussion which followed the reading of Dr. Walker's paper, Dr. Emma Musson spoke of having used turpentine in a case of chronic bronchitis, in which the ammonia salts had been used without benefit. The case was one of some years' standing, but has improved since using gtt. v. of turpentine three times a day, for three or four weeks.

Dr. L. Brenner Hall. Turpentine is entirely used in diseases of the ear, nose and throat. As a styptic oil of erigeron is better than turpentine, being more rapid in its action and more

pleasant to take. Turpentine is a stimulant to the kidneys as well as to other organs, the waste matter being thrown off by these organs, and the lungs being greatly relieved thereby.

Dr. Clara Marshall said she had seen the good of turpentine in the chronic cough of old persons where there was a great amount of expectoration; the drug seemed to act as a *general* stimulant, as well as a stimulant to the mucous membrane. She also mentioned a case of intestinal catarrh, where there were one or two loose stools a day, accompanied with great pain, which was greatly benefited by oil of turpentine in gtt. v. doses three times a day. Oil of gaultheria or spt. of lavander will cover the taste of turpentine.

Dr. Louise S. Blum spoke of a case of gastric ulcer which was cured by the use of turpentine and artificially digested food. The oil of turpentine was used in emulsion with oil of gaultheria to cover the taste.

Dr. A. Victoria Scott is in the habit of giving turpentine in typhoid fever to relieve the flatulence. In one case, while using it for this purpose, the patient expelled a tape worm.

Dr. Scott uses inhalations of turpentine in bronchial affections. She has never found the drug to act favorably in hemorrages from the kidneys or uterus, and in such cases uses ergot or oil of erigeron.

Dr. Walker, in closing the discussion said: "As turpentine is an irritant to the kidneys I would not use it in hemorrhages from those organs. On the vaginal and uterine mucous membranes turpentine has no effect, as it does not come in contact with them. I prefer the spirit or oil of turpentine, especially in pulmonary affections, it is more quickly absorbed and disseminated to the seat of disease."

MARY WILLITS, M.D.,
Recording Sec.

The fortieth and concluding volume of the Dictionary of Practical Medicine and Surgery, which has been brought out by Dr. Jaccoud, Professor of Clinical Medicine in the Faculty of Medicine of Paris, has just appeared. The complete work, the production of which has occupied many years, contains 33,000 pages and 3600 illustrations.

PROFESSORIAL FUN.—At the close of the recent session of the American Association for the Advancement of Science at Portland, one evening was devoted to a style of amusement only too tempting. It was announced as Section Q. and a very large audience assembled to hear Professor Morse and others deliver burlesque lectures. Professor Morse took a curiously curved fossil bone recently discovered, and having represented it on the blackboard, he rapidly built up from the figure a hideous tom cat lecturing all thetime on anatomical matters in the most serious and scientific manner. The fossil turned out to be a jug handle. Professor White next held forth on ancient shell heaps, and produced a heavy bag, which, he said, contained specimens collected near Portland. A broken shovel, a stone bottle, a lobster, and a pile of clam shells were recognized amidst peals of laughter, as relics of the recent clam bake participated in by the Association. Each separated article was then described in connection with the peculiarities of the race that had used it, as indicated by its condition. Perhaps the most amusing of these was a corn cob, which indicated the size of the mouth by the bite that had been taken out of it. A blackboard drawing was then made to illustrate a race with these peculiarities. "You can infer," said the speaker, alluding to a paper of no great value read the previous day, "that the length of this mouth indicates that its maternal grandmamma must have been very long lived." Several other speakers read ludicrous papers, their remarks being illustrated by Professor Morse with grotesque sketches on the blackboard.—*American Druggist.*

PILLS TO AVERT HEMOPTYSIS.—Dr. N. Gueneau's formula is the following:

Ext. rhataniæ,	. . . 3j.
Ergot,	. . . gr. xlv.
Pulv. digitalis,	. . grs. vijss.
Ext. hyosciami,	. . grs. iv.

M. Div. in pill no. xx. Sig. Four or five in twenty-four hours.—*Les Nouveaux Remedes*, July, '86.—*Cour. of Med.*

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BALTIMORE, DECEMBER 18, 1886.

Editorial.

INTUBATION OF THE LARYNX.—As far back as 1858 M. Bouchut, of Paris, proposed and advocated a method of intubation of the larynx in cases of laryngeal stenosis and dyspnœa as a substitute for tracheotomy. At that time Trousseau was the great advocate of the operation of tracheotomy. The method of Bouchut aroused the antagonism and opposition of Trousseau to such an extent that the new procedure failed both in theory and practice to commend itself to the profession. Bouchut failed to demonstrate but one fact, viz.: that the larynx will tolerate a tube. A committee appointed by the Paris Academy of Medicine to investigate Bouchut's method reported that intubation of the larynx was impracticable.

It remained for Dr. Joseph O'Dwyer, of New York, to perfect a method of intubation which is both ingenious and practicable. Dr. O'Dwyer was unaware of the *dictum* of the Paris Academy, and he arrived at success by original work and by numerous experiments upon the cadaver and upon living subjects. The O'Dwyer Intubation Tubes are modelled after the shape and size of the laryngo-tracheal canal and are numbered so as to fit different tracheas. The object of the method is to render tracheotomy unnecessary in many cases of croup by maintaining an open passage for respiration during the period when occlusion is imminent from accumulations of false membrane. So long as the tube is kept open the danger from suffocation is greatly diminished, if not wholly removed.

Since Dr. O'Dwyer's method was first made known it has been employed by a number of physicians with varying degrees of success. The method has had a fair trial and its advantages and disadvantages are now pretty clearly shown. There can be no doubt of the fact that intubation is a less serious procedure than tracheotomy, and the objections which prevent the use of the latter operation are not so strongly urged by parents and friends against the former. Intubation is not difficult to do by one who is at all familiar with the steps of the procedure and has the proper tubes and appliances. It is free from danger and free from shock. Anæsthetics and trained assistants are not needed. Intubation relieves dyspnœa due to laryngeal stenosis. It does not preclude tracheotomy in those cases where the latter procedure is demanded, but may be found a useful guide upon which to cut in opening the trachea. The most conspicuous drawback to the method is the difficulty upon the part of the patient in swallowing fluids. This difficulty may be partially overcome by the use of a catheter introduced into the stomach and forced alimentation by injection with a syringe. Not a few patients soon acquire an ability to swallow with the tube in position. Rectal alimentation may likewise be employed. Removal of the tube has been considered by a few operators as more difficult than its introduction. This should not be the case since the same instrument used in inserting the tube is employed in its withdrawal. The danger of pushing the false-membrane down the trachea as the tube is introduced, and thus blocking the larynx, has been experienced by several operators. This accident has been known to happen after tracheotomy. Of course stoppage of the intubation tube will immediately defeat its beneficial purposes and may lead to immediate death. One of two things must be done, the obstruction in the tube must be removed or the tube itself must be promptly withdrawn. The violent effort to expel

the accumulated mucus and false membrane in the tube may be sufficient to expel the tube in case the obstruction does not move, but it would not be safe we think, to trust to such contingencies. So long as the intubation tube is worn the patient demands the watchful attention and presence of a physician or intelligent nurse for the purpose of preventing obstruction such as we have mentioned. After the operation of tracheotomy many lives have been lost by the closure of the tube which might have been saved had the obstruction been promptly removed, hence it is equally important after intubation or tracheotomy that constant attention should be given to the tube. After intubation the tube may be withdrawn at varying intervals and be left out three or four hours at a time. The removal of the tube may be undertaken in order to administer nourishment to the patient or to relieve surrounding parts from constant mechanical pressure and thereby prevent ulceration. Removal of the tube is, however, not advised in every case.

Having shown that intubation is a practicable procedure, statistics are in order to prove its value as a life saving method, as contrasted with tracheotomy. Fortunately for the profession this sub ject has been worked up by a number of competent operators in different parts of our country. We have before us the statistics of 165 cases collected by Dr. W. P. Northrup, of New York, (*Med. Rec.* December 11, 1886) which show 28½ per cent. of recoveries. When it is considered that these recoveries have been the results of the very earliest operators in this field, we think the facts extremely encouraging. Those operators with an extended experience claim that intubation does relieve laryngeal obstruction. Dr. Waxham of Chicago, who has collected 96 cases makes this claim, so does Dr. O'Dwyer, of New York who has intubated in 48 cases, and so does Dr. Northrup who has operated in 12 cases.

These gentlemen claim such prompt relief from the use of the tube that they urge its employment in all cases of laryngeal dyspnœa either as a supplement to or as a substitute for tracheotomy.

Dr. Waxham, of Chicago, thus estimates the advantages of intubation.

"No opposition is met with on the part of the parents and friends; quite a contrast to the difficulty with which we usually meet in obtaining consent to tracheotomy. It relieves the urgent dyspnœas as promptly and effectually as tracheotomy, and if the child dies there is no regret that the operation has been performed, and no discredit attached to the physician.

"There is less irritation from the laryngeal tube than from the tracheal cannula. As the tube is considerably smaller than the tracheal it does not press firmly at any portion, excepting at the chink of the glottis. Expectoration takes place more readily than through the tracheal tube. As the tube terminates in the throat the air that enters the lungs is warm and moist from its course through the upper air-passages, and consequently there is less danger of pneumonia. It is a bloodless operation. It is more quickly performed, and with less danger. There is no open wound to close by slow granulation, and convalescence is more rapid. There is no wound that may be the source of constitutional infection. The patient does not require the unremitting care of a physician as in tracheotomy. It is a more successful method of treating diphtheritic or membranous croup than tracheotomy."

The Operative Treatment of Pes Varus Paralyticus.—In our issue of November 27, we made an editorial notice of certain operations for the relief of paralytic varus, in which the ankle joint has been resected to an extent sufficient to allow firm anchylosis between the tibia and astragalus to take place. It was stated that the operation had been proposed by some German surgeons, but the first one to perform it, as far as our knowledge went, was Dr. Ap Morgan Vance, of Louisville, Ky. Dr. Rydygier, of Kulm, reported two cases at the last session of the Naturforscher-

versammlung, held at Berlin in September of this year. In the *Centralblatt für Chirurgie* of November 15, 1886, Dr. L. von Lesser, of Leipsic, calls attention to the fact that he had published in the *Centralblatt* volume of 1879 pp. 497, the report of a case operated on by himself in Februry, 1879, in which he had caused anchylosis at the ankle with the result of curing his patient, hence he is unwilling to grant that Rydygier had introduced a new operation. Dr. von Lesser, upon the day on which he wrote the communication to the journal, examined the boy upon whom whom he had operated seven and a half years previously, and as his report shows the end results of the operation, we append here a brief abstract of it. He says: "The boy has developed into a sturdy fellow, and notwithstanding that no treatment had been undertaken since the operation, he can walk securely and pretty quickly without splints or a stick. The paralysed extremity (which had also an external curvature of the tibia, that required an undershaped excision) was only 4 cm. shorter than the other, which was so nearly compensated for by the obliquity of the pelvis, that the heel of the foot on the affected side is only 1 cm. higher than that upon the other. The shortening is largely due to a certain amount of contraction at the knee joint, which prevents complete extension of the limb. The left limb is atrophied, the leg more that the thigh, and it feels cooler to the touch, but appears less livid than at the time of the operation; the growth of hair also and the secretion of sweat is less than formerly. The circumferance of the left calf is 20 cm., the right 26 cm., that of the thigh in the middle on the left side 24 cm., on the right 32 cm. The left limb measures from the outside spine to the sole 71 cm., the right 75 cm. The left tibia is 27 cm. in length, the right 36.5 cm. The left ankle is strongly anchylosed, and in order to compensate for this anchylosis, there is an increased mobility at Chopart's joint. The boy treads upon the entire sole, and with slight supports can remain standing a considerable time upon the left foot alone. The tibia is quite straight as the result of the uniform osteotomy which had been performed."

It will be thus seen that to Dr. von Lesser, of Leipsic, the priority in the performance of this operation must be given, as far as at present appears. We believe the operation is a good one, and that it is capable of effecting that which can be accomplished in no other way.

Miscellany.

Observations Concerning Diphtheria. (*Jahrb. f. Kinderh.* [from *Arch. f. Kinderh.*, vi.. 2], Bd. xxiv., H. 3.) Sigel.—Especial attention is directed in this paper to the treatment of diphtheria with oil of turpentine. It contains an account of 87 cases, of which 20 were fatal. Nineteen of the entire number treated were tracheotomized with a fatal result of them.

As to the treatment, 16 received chlorate of potash, salicylic acid, and the like, 6 of them died. Twenty-four were treated with sublimate, with 6 deaths. Forty-seven received oil of turpentine, with 7 deaths. Thus the percentage mortality under the turpentine treatment was 14.9, and under other methods 32.5.

The purified oil of turpentine was used, being administered with malaga wine and egg albumen, or with powdered sugar and cognac, in doses of a coffee spoonful once or twice a day. It was usually taken without repugnance by the children, and if vomited the first time three was not often any trouble subsequently. In those cases in which the stomach refuses to retain it, it may be given per rectum.

The dose which was mentioned will usually suffice. In cases of relapse, however, the author thinks it is well to increase the quantity, and in all his cases he saw no bad effects upon the kidneys or other organs, whatever the dosage. Twenty-two of the cases were severe and 25 mild. In the former the turpentine succeeded in 10 cases in reducing the febrile temperature, in the remaining 12 the effect was upon the local morbid process. In the latter the effect upon the latter condition was

prompt and decided in all but three cases. In 14 of the cases the condition was such that tracheotomy was almost imperative when the use of turpentine was commenced, and in all of them that operation was rendered unnecessary.

The author does not entirely agree with Unruh in his statement that children with tuberculosis are especially predisposed to diphtheria, but he has observed that children who are anemic from disordered nutrition, scrofulous and rachitic, show a decided tendency or susceptibility to this disease, especially if hypertrophy of the tonsil is associated with the other condition. The opinion is advanced that true diphtheria can occur in the same individual only once. As a means of prophylaxis isolation of the sick in the hospitals is advised; and for their treatment is recommended an abundance of suitable food, including wine, fresh air, cleanliness of body and surroundings, moderately cool baths if fever is present, avoidance of all local treatment, and the use of turpentine.—*Archives of Pediatrics.*

Warts.—It is now fairly established that the common wart, which is so unsightly and often proliferous on the hands and face, can be easily removed by small doses of sulphate magnesia taken internally. M. Colrat, of Lyons, has drawn attention to this extraordinary fact. Several children treated with three grain doses of epsom salts, morning and evening, were promptly cured. M. Aubers cites the case of a woman whose face was disfigured by these excrescences, and who was cured in a month by a drachm and a half of magnesia taken daily. Another medical man reports a case of very large warts which disappeared in a fortnight from the daily administration of ten grains of the salts.—*The Medical Press.*

Ingenious Method of Extracting A Cockle-Bur From the Larynx.—Dr. D. B Crawley, of King, Mississippi, writes to the *Medical News* that recently a negro boy, aged nine, was brought to him with a cockle-bur in his larynx. His voice was almost gone, and respiration was much interfered with. With his finger introduced well down the throat, Dr. Crawley could feel the bur. Having no instruments at hand, he wrapped some cotton around the end of his right index finger, which he then passed down to the bur, and by a rotary motion he sought to entangle in cotton the prickles of the bur, and thus withdraw it. After several attempts he succeeded in extracting the bur by this ingenious method.

Diabetes in Childhood.--An interesting case of diabetes in a child of four years old has been reported by Dr. A. Winckler (*Münch. Med. Woch.*) The rarity of the disease in a child, and its rapid development, rendered the case one of peculiar interest. There was an hereditary predisposition, as a member of the family had been affected with diabetes, but the great quantity of sugar which had been given to the child hastened the development of the disease in this case. Cantani has stated that 90 cases of 218 of diabetes are due to farinaceous food.—*British Medical Journal.*

M. Paul Bert as a Physiologist.—M. Paul Bert, whose death the French press is just now lamenting, was, before he seriously turned his attention to politics, won over to physiology by Pierre Gratiolet, the head of the Anatomical Laboratory at the Jardin des Plantes, and was for five or six years Claud Bernard's assistant. At the sitting of the Academy of Sciences on Monday, the President, M. Jurien de la Gravière, expressed regret that politics had diverted M. Paul Bert from physiology, and M. Vulpian remarked that his death, though glorious for the country, was a calamity for science, his numerous memoirs having placed him among the first physiologists of the age. It is told of the late M. Paul Bert, as an instance of his scientific enthusiasm and fearlessness, that at one time, when he was impressed with the prevalence of smallpox, from which those vaccinated in youth and not revaccinated had suffered largely, he decided to test for himself the

value of revaccination; and he did so in a manner which might possibly have cost him his life, had his doubts been justified. He was vaccinated, and afterwards had himself inoculated at Havre with virus from a man who was dying of small-pox. He escaped the disease.—*British Med. Jour.*

Quacks and the Daily Press—An interesting illustration of the way in which quacks get hold upon the press, and even the Associated Press agents, is furnished in the case of a Toronto quack who was recently tried for a criminal assault. Exaggerated and sympathetic accounts of the said quack's position were telegraphed over the country, and the ingenious defendant even succeded in getting in an announcement of his having a large and respectable practice.—*Med. News.*

An Application for Painful Dental Caries.—A contributor to the *Union Médicale* gives the following formula:

℞ Dry alcoholic extract of opium	1 part;
Camphor	1 "
Peruvian balsam	1 "
Mastic	2 parts;
Chloroform	20 "

A pellet of cotton soaked in the solution is to be introduced into the cavity.—*N. Y. Med. Jour.*

Treatment of Asphyxia of the New Born.—Dr. E. Reynolds, of Boston, combines a gravitation method with one of artificial respiration to overcome asphyxia in the newborn. The child lies on its back, head downwards, upon the forearm of the operator, who grasps it with his fingers hooked over the shoulders, the child's arms fall down when the hand is lowered, and, in this way the weight of the arms and thorax expand the chest. If the thorax is now compressed against the operator's forearm and suddenly released a satisfactory respiration occurs. The escape of mucus from the air passages is also thus favored.—*Weekly Medical Review.*

A New Mode of Extracting the Placenta.—Dr. J. B. Johnson, of Washington, D. C. writes to the *Med. and Surg. Reporter*: In all cases of child-birth where the placenta is not adherent but detached, and retained either in the uterus or vagina, and is not delivered by the ordinary pains necessary to the delivery of the secundines, I adopt the plan of changing the axis of the pelvis by requesting the patient to bow or bend her back by lifting her hips from the bed. In order to assist her in making this change in the axis of the pelvis, I usually place my hand under the small of her back or sacral region, and closing my hand, I let the small of the back rest upon my closed hand.

When the brim of the pelvis is thus tilted forward, its axis is changed. Then as soon as a pain comes on I request the patient to bear down, while I make gentle traction upon the cord, and the retained placenta glides out with astonishing ease.

Renal Surgery.—Mr. Clement Lucas performed nephroraphy, in Guy's Hospital, on September 29th. The patient was a married woman, aged 37, who had suffered from a painful movable right kidney for several years, and of late had been quite incapacitated for household duties. She was sent to London by Mr. Cockell, of West Hartlepool. The kidney was exposed through the loin, and stitched to the lumbar aponeurosis. The immediate effect of the operation was to remove the pain completely. The wound healed by primary intention, except where a drainage-tube was inserted, and one of the deep stitches was eventually discharged at this spot before the opening finally closed. She remained free from pain up to the time she left the hospital.—*Brit. Med. Jour.*

Hebra's Lotion for Eczema.—

Phenic acid,	4 parts.
Glycerine,	15 "
Sulphuric ether	15 "
Alcohol	90 "

A mixture to be applied to dry and scaly eczema occurring in plaques, and which gives good results in obstinate cases. Tincture of iodine, applied with a brush often gives equally good results. —*L' Union Medicale*, November 6, 1886.

Medical Items.

The Terra Cotta Coffin is the latest reported luxury in the Undertaker's line.

Of the fifty-five signers of the Declaration of Independence, five were physicians.

The annual mortality-rate among the white population of Tennessee is said to be only 13.44 per 1000.

Cambridge University has received a fund of fifty thousand dollars which will be devoted to maintaining scholarships in pathology.

A liver with two gall-bladders was recently shown before the pathological section of the Academy of Medicine of Ireland.

Dr. N. A. Randolph has been elected Professor of Hygiene in the University of Pennsylvania, to succeed the late Dr. Joseph G. Richardson.

Queen Victoria was the first member of the present royal family of England to receive the benefit of Jenner's discovery. She was vaccinated at the tender age of three months.

London has only 90,000 paupers, according to its census, yet it treats in free hospitals 1,000,000 of patients annually, at a cost of $2,500,000. Its annual hospital deficit is $250,000. —*Med. Rec.*

A bit of soft paper is recommended by an English doctor for dropping medicines into the eye, as being equally effective as brushes, glass droppers, etc., and far less likely to introduce foreign substances.

Dr. Fauvel, the laryngologist, has just received the Cross of Officer of the Savior from the King of Greece, for services rendered to the Greek surgeons who came to Paris to study his treatment of throat disease.

The Pennsylvania hospital for the insane has opened a dispensary service for cases of incipient mental disorders, Ninth and Spruce Streets, which is intended to furnish advice and treatment to this class of cases among the poor. It is the purpose that only cases unable pay for their medical advice are to be treated at this service.

A French court recently rendered a decision which is of considerable interest in connection with vital statistics. A physician refused, in a suit against a life insurance company, to testify as to the illness from which his patient died; and the court sustained him in his position, holding that the physician must be the sole judge as to whether the nature of the illnefs came under the cover of professional secrecy.

Among the replies to an advertisement of a musical committee for "a candidate as organist, music-teacher, etc.," was the following one, "Gentlemen—I noticed your advertisement for an organist and music-teacher, either lady or gentleman. Having been both for several years, I offer you my services." An exchange inquires very naturally if this was a hermaphrodite?—*Boston Medical and Surgical Journal.*

M. Colin, the eminent professor in the Veterinary School at Alfort, read a paper recently before the Paris Academy of Sciences, showing that the average annual number of deaths from rabies in France is 26, and that since M. Pasteur began his course of treatment the same number of patients has died. According to official statistics the number of persons bitten by mad animals last year in France was 351, while M. Pasteur has treated 1700 patients. M. Colin concludes that the Pasteur system is of doubtful efficacy, and he is alarmed for the results of virulent inoculation.—*Med. News.*

Emily Brown a very poor and aged white woman, was murdered on November 10th, at her home in this city, by two colored men named John T. Ross and Albert Hawkins. The object of the murder was to get fifteen dollars for the body of the victim. Anderson Perry, well-known to many of the recent graduates of the University of Maryland, first as a ward master at the Infirmary, and more recently as an attendant in the dissecting room at the University, is charged as an accessory to the crime. The murder was conceived and executed in the most premeditated and cold-blooded manner.

The annual collection quite recently made for the Hospital Saturday and Sunday Fund in this city has been a serious disappointment to the friends of this charity. The amount so far realized falls considerably below that realized last year. A strenuous effort was made by the managers of the Fund to secure a larger collection than hitherto, and the falliug off in the receipts is a source of surprise as well as of regret. The amount so far collected is $1,331.98. The amount collected last year was $2,658.31.

As an example of enterprise in business, the following clauses from the announcement of a pharmaceutical firm recently established are certainly suggestive: In addition to the ordinary duties of the druggist, it is here proposed to examine the *indications* of the prescription, and to choose a quality of articles in its composition which will or will not (apparently) produce "decided effects."

"Squibb's preparations will be used in all preparations where minute accuracy of dose, and decided effects of the remedies are indicated. *Confidential*—Great reduction in price will be made on all prescriptions, but marked P.— poor, and V. P.—very poor. On physician's marked "self," for *anything* in our store (to be used by himself and family), *very* low prices will be made."—*Boston Med. and Surg. Journal.*

Original Articles.

A CASE OF EXSTROPHY OF THE BLADDER CURED BY A PLASTIC OPERATION.

BY RANDOLPH WINSLOW, M.A., M.D.,

Professor of Surgery, Woman's Medical College of Baltimore. Lecturer on Clinical Surgery, University of Maryland.

G. T., aged 6, white female, was kindly referred to me in May, 1886, by Dr. S. T. Earle, and was admitted into the hospital of the Good Samaritan for treatment. She was a wretched looking anæmic child, suffering from a very large exstrophy of the bladder, and complete prolapse of the rectum. I shall have nothing further to say in regard to the rectal prolapse, except that under the skillful treatment of Dr. Earle, the condition has so far improved, that her complete recovery is almost assured. The exstrophy was trefoil in shape, 2 inches by 2½ in diameter, red, very vascular, bleeding very easily, covered with mucus, and emitting a nauseous odor. The pubic bones were widely separated, there was a small vagina, the labia were separated from each other, the clitoris not seen, the urethra simply a shallow groove. There was no umbilicus, no hernia in either groin, the ureters were exposed, the gait awkward and waddling. The child was small, but very intelligent. Operation for relief of the extroversion of the bladder was performed on June 1st. 1886, in the presence of and assisted by Drs. Ashby, Jay, Earle, and Graham. The usual antiseptic precautions were observed, thorough cleansing of the abdominal walls, groins, vulva and thighs with the nail brush and soapsuds, and subsequently efficient irrigation of all the parts concerned in the operation with hot sublimate solution, about 1.2000. Wood's well known method slightly modified was employed. An umbilical flap was turned down over the exstrophy with the raw surface outwards, this was covered by two lateral flaps, which were applied with the raw surfaces in apposition with the raw surface of the first flap, and small flaps were raised from the vulva, and united to the lower borders of the other flaps. I am indebted to a timely suggestion from Dr. Ashby for these vulvar flaps, which in my opinion were of much service. A great many buried catgut sutures were used to hold the raw surfaces in apposition, and fine sublimate silk sutures for uniting the edges of the flaps. The duration of the operation was about two hours, and at its close the child was in a condition of shock, from which she rapidly recovered after the application of hot bottles. Most of the extensive raw surface of the abdomen could be closed with sutures, and only a small space was left to heal by granulation. A dressing of iodoform gauze and absorbent cotton completed the procedure. The umbilical flap consisted of very thin skin, with but little subcutaneous tissue, but the lateral flaps were thick and vascular.

After history.—For the first two days the temperature remained almost normal, but on the morning of the third day the temperature began to rise and on the evening of the fourth day reached 102.5, after which it gradually subsided. This fever was caused by an attack of erysipelas, which started in an excavation over the sacrum, and gradually involved the flaps. Fortunately this erysipelas was very superficial, but it was sufficient to cause some sloughing of the lower portion of the lateral flaps, but did not affect the inner flap. The stitches were removed on the eighth day and union was found to be good, except where there was sloughing. The child was kept almost in a sitting posture, with the limbs flexed, and as a consequence of sitting constantly on wet pads, bed sores formed on buttock and trochanter.

The gaps left by the sloughing of the flaps filled up with granulations, and cicatrized, leaving the parts in about as good condition, as if union had occurred by the first intention. The abdominal wound healed quickly. On June 21st she was allowed to get up, in order to give the bed sores a better chance to heal. She improved immensely after being allowed to walk around, and soon became fat and healthy. Of course there is still complete incontinence of urine, but the ou t-

flow is from one small orifice, and can readily be caught in an urinal, and the soiling of the clothes prevented. Perhaps the greatest advantage of the operation is that the mucous surface of the bladder is not constantly rubbed and irritated by the clothing, and pain and bleeding does not result as formerly.

Exstrophy is said to occur about once in 50,000 births,* hence but few cases are brought under the notice of any one surgeon. Various attempts have been made to remedy the deformity, by causing the ureters to terminate in the rectum (Simon), or by inserting them into the grooves on the penis (Sonnenburg), but without success. Drs. Pancoast, of Philadelphia, and Ayres, of Brooklyn about the same time devised plastic operations for the relief of the condition, and their operations were successful. John Wood, of London, improved upon their procedures, and the operation which is most frequently performed is that which bears his name. Maury of Philadelphia, succeeded in curing two cases by turning a flap up from the perineum and scrotum. Recently Trendelenburg, of Bonn, has endeavored to improve his results by detaching the sacro-iliac synchondroses, and uniting the pubic bones together. In one case a considerable degree of success was obtained. Another recent writer, (Neudorfer) proposes to saw through the pubic rami and then slide the detached portion towards the middle line and wire them. These methods are still subjudice, but it is not improbable that eventually, a method may be discovered, whereby the integrity of the bladder shall be restored. One feature worthy of notice is the rarity of exstrophy in the female sex. It occurs in the male with a preponderence probably of 9 to 1. Of 68 cases collected by Mr. Earle only 8 were females. It is also noticeable that exstrophy of the bladder is usually or at least often accompanied with some other deformity or pathological condition. In my case there was an enormous prolapse of the rectum; in others, hernia may be present, or there may be some malformation of the genital organs, or ureters. In one case reported in the journals, the cervix uteri was inserted into the skin of the abdominal wall. I report the above case operated on by me, on account of the rarity of these malformations as well as on account of the successful issue of the case.†

*Dr. Neudorfer, of Vienna, says: "Exstrophy occurs at the most only twice in 100,000 children, and of those affected only 10 per cent. live." *Centralblatt fur Chirurgie*, August 7, 1886.

†I am aware of only three other operations for exstrophy that have been performed in this City, the results of which have not been very satisfactory.

ELECTROLYSIS IN MEDICINE AND SURGERY.

BY W. A. HARDAWAY, M.D., OF ST. LOUIS, MO.

I should like to add a few additional lines to the excellent paper on "Electrolysis in Medicine and Surgery," contributed by my friend, Dr. Rohé, to the MARYLAND MEDICAL JOURNAL of November 20th, 1886.

Electrolysis is one of our best agents in the treatment of lupus vulgaris and lupus erythematosus. This fact I have mentioned at several meetings of the American Dermatological Association, but so far as I know my recommendations have not been much heeded. My practice was based upon the principle that if multiple scarifications were serviceable in these diseases—and of this there was no doubt—then multiple electrolytic scarifications would be better. Lately, this method has attracted some attention among foreign dermatologist. I saw a gentleman this morning whom I treated some five years ago for a lupus erythematosus by electrolysis, and it is difficult to make out the original site of the disease, although he comes to consult me for a patch of the same disorder just below the former affected region. This patient was seen by Dr. McCall Anderson, of Glasgow, some months after I first began his treatment, and he told the eminent Scotch dermatologist what I had been doing for him. When this gentleman returned from Scotland I again tried the electrolysis with very excellent result.

I would not by any means recom-

mend electrolysis in all cases of lupus erythematosus or of lupus vulgaris, but in many instances it is a very valuable agent.

2. I generally employ electrolysis in conjunction with the dermal curette for the destruction of superficial cutaneous epitheliomata and also in the papillary variety. In these cases I find that the best plan is to "electrolyse" the part and then afterwards to scrape away the charred tissue thoroughly with the sharp spoon. This little operation may be repeated if necessary. I think this manner of working is a great improvement upon the use of the curette alone.

3. Dr. Rohé makes no mention, I believe, of the use of electrolysis in the obliteration of varicose vessels in rosacea, a procedure first introduced by me some years ago (*Arch. of Dermatology*, Oct., 1879.) It is an invaluable adjunct in the management of acne rosacea. Again, in milia, a most annoying and unsightly affection, nothing succeeds so well as electrolysis.

4. I must find serious fault with Dr. Rohé for his failure to mention the name of Dr. Michel, an eminent oculist of St. Louis, in connection with the operation for the destruction of the hair papilla. As I have shown repeatedly in various publications, and very fully in a recent paper (*Die Radikalbehandlung der Hypertrichosis Mittels Elektrolyse, Monatshft. f. Prakt Dermatologie*, November 10, 1885), Dr. Michel first called attention to the feasibility of destroying the hair papilla by electrolysis in an article contributed to the *St. Louis Clinical Record*, October, 1875. To him belongs all the honor and credit of the brilliant suggestion and to the writer only such merit as comes from its systematic introduction into dermatological practice. I know as a result of observation that Dr. Michel has had the best results in the treatment of trichiasis by electrolysis, and it is a matter of much astonishment to me that no hint of this procedure seems to have found its way into the text-books on the eye, although I know of many ophthalmologists who habitually employ it.

Indeed, there is no reason why electrolysis should not work as well in the practice of the ophthalmologist as in that of the dermatologist.

5. As to the best needles for use in dermatological practice, it will be found that the instrument must be selected to suit the case in hand. For the treatment of hypertrichosis the needle made at my suggestion by A. M. Leslie & Co., of St. Louis, is undoubtedly the most satisfactory. It is of irido-platinum and possesses numerous advantages. For port-wine mark, varicose vessels, small growths of various kinds, circumscribed pigment deposits, etc., the jeweler's bristle serves an excellent purpose. In lupus vulgaris and erythematosus, epitheliomata, fibromata, and tough growths generally, I usually employ a steel sewing needle of a size best adapted to the purpose in view.

CONSTIPATION.*

BY JOSEPH T. SMITH, M.D.,

Visiting Physician to Bay View Hospital.

It is with much hesitation I bring this subject to your attention to-night, but as it is one which has been very forcibly presented to my notice of late, I thought a discussion of an old, yet ever new topic, might not now be out of place. There is no single ailment we are called upon to treat more frequently than constipation, and as we daily, I was tempted to say hourly, are called upon to relieve it, we are in great danger of making its treatment a matter of routine, and there is no better preventive of such practice than its discussion in such a society as this.

As a text, or by way of introduction, let me note the two following cases: The first is that of a gentleman aged about 65, of robust, vigorous health, capable of doing thoroughly and well the manifold duties which fall to his daily lot, his only trouble being an obstinate constipation, which causes him at times very great discomfort from the fact that he is then compelled to exert him-

*Read before the Baltimore Medical Association, Monday, December 13, 1886.

self so much to do his work that when he has finished it he experiences a great sense of exhaustion and fatigue. Here I have tried many things, but have failed to give him permanent relief; his use of tobacco I am sure has much to do with preventing the full action of the drugs, but not altogether. For a long time before I saw him he obtained relief from a pill he was accustomed to take every day, and which I found contained aloes as its principal ingredient. This pill did its work so well that his constipated habit gave him no annoyance. He sent for me on account of piles, which had recently appeared, causing him great pain. Upon enquiry I learned the cause of his hemorrhoids; at once stopped the aloes, which, with the application of a lead and gallic acid ointment, gave him complete relief; then it was that his constipation asserted itself. I have thus far been able to give him temporary relief in a measure by varying the drugs from time to time; for awhile quinine in two grain pills, thrice daily, did well.

The second case is that of a young man about 25 years of age, engaged in one of our city banks, in good health, except in so far as a constipated habit made him feel badly and unwilling for any kind of exertion. This trouble finally commenced to so interfere with his work that he came to see me one evening with a long face and melancholy countenance. I found his appetite had recently failed him; at times he was sick at the stomach and seemed and looked like one truly miserable. I could find no cause for his trouble until I enquired about his time for going to stool, when he informed me he had no regular time, but went when he felt like it, sometimes even getting up at midnight and often allowing a whole day to pass without a movement. I sent him home with directions to take a bottle of citrate of magnesia in the morning upon rising and then to go to stool at a fixed time each day afterwards, immediately after breakfast, no matter what else he had to do, he must habitually go to the water closet first; he promised obedience, did obey, and for more than a year now his desire and a good response come each day as soon as he has finished his morning meal

These two cases, in one of which medicine affords but little permanent relief and the other in which little or no medicine at all is required, are by no means uncommon, and just so long as we are not able to give permanent relief in each and every case we should call the subject up from time to time for discussion. No one ailment is so universal as constipation and it taxes our powers oftentimes to the utmost for its relief. Patience, careful thought and good judgment in the use of means to an end are necessary in most cases if a good result is to follow our treatment; in fewer ailments is a routine practice more common. In some cases all efforts to get at the cause in order to treat intelligently the symptom fail and we are forced to experiment more or less in the use of means.

The causes of this trouble are very numerous and in most instances not one but many combine to keep the bowels locked up. The limits of this paper forbid us going into the subject as it is concerned with other diseased conditions; we will consider it briefly only in those cases where it is the sole or chief cause of troubles.

One, and a not uncommon cause of constipation is want of regularity in responding to the notice given that the system needs relief; here the notice is at first preemptory and unmistakable, but its habitual neglect soon causes its cessation and when the whole body suffers and the individual would respond and get relief he finds he cannot.

A second cause is great and persistent irregularity in living, food taken at any and everytime during the day, that may suit the individual's work or pleasure, exercise too much at one time, little or none at all at another, sleep and rest taken at irregular times, any unusual tax upon the nervous system and tending to lower its tone. Food in too concentrated a form we note as a third cause, this is true of dyspectics especially; there must be for a healthful condition of the intestinal canal to exist a certain

amount of refuse material taken in with nutritious elements and we all see many times how patients and their friends insist upon beef tea, milk, eggs and such light food as needful articles of diet, while the husk of the corn and wheat, the fibre of the meat and the skin of the apple and peach are given to the cow and hog; we cannot insist too much upon this growing cause of constipation among the wealthy and refined as Beale; well remarks: "Many of us indeed require a certain amount of chaff to keep ourselves in fair health." The lack of sufficient fluids with the food acts many times as a fourth cause; some persons take but little fluid during the day, none indeed, except such as they get with their food at meal-time. I know a gentleman who rarely drinks except at breakfast and supper a cup of coffee, and who at times suffers from constipation which would, I am satisfied, be removed did he drink water during the day. I am persuaded that many purgative waters act as much through the amount of fluid the individual takes into his system as through the medicinal agents dissolved in it; he experiences the relief, however, but fails to give the credit where it is due.

A fifth cause, and one which gives us so much difficulty in elderly and aged people, is the lack of tone in the intestinal muscles, oftentimes those of the lower bowel only; here while the rectum discharges some of its contents each morn, still the bowel is never fully emptied and constipation exists with an action everyday, or the muscles may fail to move the contents of the canal sufficiently and obstinate and distressing constipation exists.

The two last causes may combine, thus the contents of the bowel become hard for want of sufficient fluid and the mass cannot be moved along by the weakened muscles, whereas, if the contents were made soft or partly fluid the muscles could act upon them perfectly well.

Again, many trades and occupations from their reqirements produce constipation; we all know them, and those who follow them are amongst the most common attendants at our offices.

Dyspepsia, whatever that may mean, in its manifold forms is a fruitful source of obstinate and long continued constipation; here, as noted before, the patient may take too concentrated food, or the system being broken down from the want of properly digested and assimilated food, the contents of the stomach fail to sufficiently irritate the intestines.

We have thus noted some of the more frequent causes of constipation and in no other ailment is a knowledge of the cause so essential to a successful form of treatment.

As our time is limited we will not dwell upon the symptoms; their name is legion, they are for the most part familiar to all of us; again it is not possible to arrange and formulate them as in so many other diseased conditions, for they are modified and often completely changed by circumstances.

Next to the cause we and our patients still more are interested in the treatment.

If there is an ailment for which drugs should be assigned the last place it is in our treatment of constipation. I am sure the intestines get many a scourging they do not deserve from irritant medicines, whereas gentle means and attention to the so-called minor rules of health would bring about a good result. A rigid and painstaking examination should always be made of the mode of life of anyone who comes to us for treatment and many, times we will find that it is not medicine but a change in the manner of living that is needed; more exercise for the sedentary, more sleep and less wear and tear for the nervous and broken down, a due proportion of chaff and refuse material taken habitually with the food; regulation as to the time of going to stools and not make haste in the performance of the duty, the use of closet paper as a prevention of piles, the use of a due amount of fluid during the day. It is only after these, and other points which will suggest themselves to you, have been investigated that the aid of drugs should be invoked.

A minor point of importance just alluded to is the use of closet paper. I had a patient a few days ago who was suffering slightly from piles enough to

keep her from emptying the bowels as often as she should; I ordered her to use the closet paper, which up to that time she had not done, and I am sure she will find it of benefit, it will prevent the irritation of the piles, cause them to be less painful and so remove the dread of going to stools.

A wide field is opened up in the treatment of this ailment, from a case so slight that a drink of cold water or cup of coffee in the morning will relieve to one so severe that the surgeon must be called upon to open the intestines and remove the accumulated fæces through the opening; here plenty of room is afforded for thought and thus it happens that no one remedy or set of remedies avail anything, but all depends upon the skill of the physician in his power to adapt medicines to the conditions presented by each individual case.

One remedy I think is not as much resorted to as it should be, it is the enema; this is especially true of constipation as it occurs late in life. Dr. James Sawyer in speaking of this says, "I am afraid our profession does not adequately appreciate the immense advantages to be derived in many of the severer forms of constipation * * * from the efficient use of the enemas * * * * * * * * In persons past the middle of life and especially in persons of sedentary habits what may be called single fæcal retention is a very frequent form of constipation * * * In such persons this form of constipation is relatively very frequent * * * and is especially apt to produce complete intestinal obstruction. It is in these cases especially that life may be saved by enemas."

In cases of moderate and sometimes even in severer forms of constipation, seeded fruits and those of irritant properties should be tried before drugs and often will act well, and if they do so act will be found especially valuable in chronic constipation. At the head of the list of drugs where the trouble, as it mostly is, is confined to the lower bowel stands aloes; large quantities are each year consumed in keeping free the intestinal cause of multitudes of human beings, but I cannot agree with those writers who claim that it may be used for years without any bad results, its pile producing tendency being a great bar to its usefulness. Beele well remarks, "It is a very good purgative to give in cases of torpid bowels, but it is important for you to bear in mind that aloes has the effect in some cases of encouraging the formation or increases the hæmorrhoids or piles." Castor oil has come to us through may generations and we have no remedy like it where a mild and efficient laxative is required; at the Egerston Asylum I use nothing else with the children.

Cascara Sagrada has attained quite a well deserved reputation of late. But I need not further run over the list of drops used, for they alone would consume a whole evening in the recital.

From what has been said I draw the following conclusions in regard to constipation:

1-t. Its cause should be carefully sought for in all cases.

2nd. In a patient who presents a set of more or less vague symptoms with the bowels locked up, these should be opened before anything else is done.

3rd. Drugs should be assigned the last place in the treatment.

4th. We have no specific which will cure all cases of constipation, but the successful treatment of each case must depend upon the skill and knowledge of the physician.

Society Reports.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD DEC. 2, 1886.

FIBROID TUMOR OF THE BROAD LIGAMENT.

Dr. W. Constantine Goodell exhibited for Dr. W. Goodell the right broad ligament containing an enlarged ovary, and close by its side, but distinct from it a fibroid tumor of the shape and size of the non-gravid womb. The left ovary was also greatly enlarged. It contained a cyst which burst into the cavity of the abdomen while the woman

was being examined four days before the operation, which took place in Dr. W. Goodell's private hospital on June 22nd, and she recovered promptly. Her symptoms were painful and feeble locomotion, constant ovarian pains, menorrhagia followed by prolonged driblings of blood, and a retro-version which could not be rectified on account of the tender and dislocated ovaries. She had been under treatment for several years, and without benefit, but since the operation she had greatly improved.

He also exhibited for Dr. W. Goodell an

INTRA-LIGAMENTOUS OVARIAN CYST

with the following history. The girl, aged eighteen had been growing large for two years and her health also began to fail, but a tumor was not suspected until six months ago, when she was examined by Dr. George H. Woods, of Pine Grove Mills, Pa. Discovering a cyst, he sent her to Dr. W. Goodell. The operation was performed on September 25th at his private hospital and was a difficult one, because most of the cyst lay between the folds of the right broad ligament and the rest of it was adherent at every point to intestines and abdominal wall. It was enucleated so completely that no pedicle was left to tie. He exhibited it mainly to show the greatly hypertrophied and dilated oviduct, the walls of which are very thick and were filled with pus. The left ovary being of the size of a goose egg was also removed. It contained pus and also was enveloped in the broad ligament and had to be shelled out. In spite of the complications, this case recovered promptly. Dr. W. Goodell had had during the past year another case of intra-liga mentary cyst of the most formidable character. The cyst was attached to nearly the whole of the colon, to the small intestines, to the bladder, and to the whole surface of the womb measuring five inches in length. The lower portion lay between two layers of the broad ligament from which it was shelled out without a pedicle. The parts were so disorganized that the second ovary could not be found nor was it possible to determine positively which ovary was removed. But the presumption is that it was the right because nearly the whole of the right ureter, fully ten inches of it had to be carefully dissected off from the cyst wall and from between the layers of the broad ligament. Many ligitures were used and very little blood was lost, but the patient died on the table from shock, while the wound was being closed. Before this death, Dr. W. Goodell had had twenty-two successive ovariotomies, all of which recovered and he has had eight successful cases since, making in all thirty cases with but a single death.

DISCUSSION.

Dr. John M. Taylor, upon invitation from the Chair, remarked that the first case reported by Dr. Goodell had been originally under his care. He had attended her in labor and nothing abnormal occurred in the puerperal period. He had examined her six weeks later, as is his custom and found nothing wrong. Some months afterwards she had a miscarriage; there was some placental retention and it was followed by ovarian tenderness and signs of inflammation which gradually increased, the ovaries became enlarged. Nine months after miscarriage the operation was performed. An interesting question is, when did the tumor begin?

Dr. Montgomery remarked that there was a resemblance between the tumor, and one horn of a uterus bicornus. Was there a distinct separation between the uterus and the tumor, or could it have been such a horn?

Dr. W. C. Goodell stated that the tumor was separated from the uterus by an inch. The tumor has greatly diminished in size since it was placed in alcohol.

Dr. Howard A. Kelly exhibited a

PAROVARIAN CYST

weighing thirty-seven pounds. The patient a young woman, nulliparous, had noticed the tumor one year before. The

character of the percusssion wave and evenness of the belly wall decided a correct diagnosis. A point of interest was the flatness of the anterior abdominal wall with more fullness of the flanks than the speaker had ever before observed in a cystic tumor. The tumor was removed through a two and a half inch incision. The fluid was viscid and yellowish. There were no adhesions. The broad pedicle was transfixed and tied and over this a tie made embracing the whole. The wound was closed by silk-worm-gut sutures, five to the inch, and the whole operation completed in thirty-six minutes.

It is two weeks, to-day, since the operation. The patient is sitting up in a rocking-chair. She had no fever at all; a pulse daily growing slower and felt well. The cyst was one large cavity containing several cauliflower vegetations on its inner wall. The ovary lay intact on its outer wall and the tube about ten inches in length was drawn out over it.

REMOVAL OF OVARIES AND TUBES FOR SUBINVOLUTION AND CHRONIC METRITIS.

Dr. Kelly considers the indications in this case so well defined and new that he designs making it the subject of a more detailed critical communication. The patient about thirty-five years of age, had raised five children, but for several years had suffered from constant soreness of the whole hypogastrium, a spot of intense burning pain to the left of the uterus and a constant dark leucorrhœa. The menstrual congestions greatly increased her symptoms which were again agravated by several early abortions. She had been under excellent treatment before coming to Dr. Kelly and had been carefully treated by him, but with only moderate, temporary improvement. Dr. Kelly then decided to stop the menstrual function with a view to checking the periodical determination of blood to the uterus and finally bringing about comple involution of the organ. The operation was performed on the same day as that before described. The ovaries and tubes were removed through an incision two inches long. The ovaries were full of pea sized follicles and were covered with a dense capsule and were probably (not, however, in consequence of their appearance) diseased. The speaker insisted that the operation here had no reference whatever to any disease which might be found in the appendages, but the sole indication lay in the state of the uterus; the ovaries, whether diseased or not, were removed to correct that trouble. The recovery was as perfect and free from disturbance as any slight injury and the patient was up in the next room on the fourteenth day when the uterus was free from tenderness and already rapidly undergoing involution.

DISCUSSION.

Dr. Harris considered the parovarian cyst interesting on account of the character of the fluid which was opaque and quite as thick as is usually found in ovarian cysts.

Dr. Charles Meigs Wilson considered oöphorectomy a resort of doubtful propriety as a remedy for metritis; for, as the monopause occurring physiologically would not stop such an inflammation we would scarcely expect it to be of greater benefit when the result of an operation. He doubts the moral right of exposing the patient to the risks of abdominal section for such a condition.

Dr. Kelly remarked that one reason for the operation for the relief of metritis was the exacerbation of all the symptoms at the menstrual period. Maternity could not again be accomplished in consequence of abortion; complete rest in bed had failed to stop them. He thinks these ovaries are diseased; ovaralgia has undoubedly some anatomical basis, but he is not able to say how it is to be discovered, more microscopical research is needed. The history of this case excluded syphilis.

Dr. Joseph Price read a report of thirty-one cases of

INTRA-ABDOMINAL OPERATION

done without any selection in private

hospital, by Dr. R. Stansburry Sutton, of Pittsburg, Pa.

October 17, 1883.—Mrs. B., ovariotomy, large cysts; recovered.

November 18, 1883.—Mrs. O., ovariotomy, large cyst; recovered.

December 28, 1883.—Mrs. C., ovariotomy, large cysts, extensive adhesions, tapped frequently; recovered.

February 2, 1884.—Miss T., supravaginal amputation of uterus with both ovaries and tubes; recovered.

February 20, 1884.—Miss P., supravaginal amputation of uterus with both ovaries and tubes, large fibroid of uterus; recovered.

March 20, 1884.—Mrs. K., ovariotomy, left ovary large and cystic developed under the broad ligament and roofed over by it. The ligament was opened up to get at it. On right side a fibrocyst of the uterus with adhesions existed. Performed supra-vaginal amputation of the uterus with the remaining ovary and tube and split the broad ligament of the left side; recovered.

April 22, 1884.—Mrs. S., ovariotomy, large cysts, extensive adhesions especially to the liver, had been often tapped. Liver was burned with cautery iron over strip one inch broad by four or five inches long to stop bleeding. Incision in abdominal wall seventeen inches long; recovered.

May 12, 1884.—Mrs. D., large sarcoma of left ovary; general peritonitis with ascites; tumor fed by enormous vessels. Pedicle tied and dropped as in ovariotomy. Pulmonary clot occurred on fourth day suddenly with temperature 99°; died.

May 29, 1884.—Mrs. G., ovariotomy, large cyst, adhesions; recovered.

June 24, 1884.—Mrs. S., pelvic abscess. Tait's operation (the pus was stinking); recovered.

July 12, 1884.—Miss M., removal of sub-peritoneal fibroid, anterior wall, pedicle short; recovered.

July 12, 1884.—Mrs. L., supra-vaginal amputation of uterus with sixteen pound fibroid, extensive enucleation, adhesions numerous; died.

September 16, 1884.—Mrs. R., (insane) removed both ovaries and tubes; recovered.

September 22, 1884.—Miss J., both ovaries and tubes removed. Died of septicæmia on fifteenth day (Consultants pronounced it typhoid fever).

September 24, 1884.—Mrs. C., supravaginal amputation of uterus and both ovaries with fifteen pound fibroid, extensive enucleation, vast adhesions, tetanus; died.

December 4, 1884.—Mrs. C., supravaginal amputation for large fibroid; extensive intestinal and mesenteric adhesions and in presence of peritonitis, very bloody operation. Shock too great; died.

December 17, 1884.—Resection of small intestines at two points for cure of artificial anus and extensive adhesions of gut, fatal on seventh day from renal hemorrhage. Five stones, one an inch long, were found in the kidneys postmortem. The points of resection were found with difficulty, the sutures were all covered (My first and only other resection of intestine recovered and is living, three and a half years since operation).

March 7, 1885.—Mrs. J., ovariotomy, large cysts, extensive adhesions, had often been tapped; recovered.

April 7, 1885.—Miss S., exploratory incision; recovered.

June 10, 1885.—Mrs. L., double-ovariotomy, dermoid on right side; recovered.

July 30, 1885.—Miss D., ovariotomy, large cysts, extensive adhesions, came in a dying condition, had been tapped very often; died.

November 18, 1885.—Mrs. B., ovariotomy, incomplete small cyst, size of a cocoanut. As it was impossible to remove the cyst on account of adhesions, it was emptied, dried out, and lining mopped with a 5 per cent. carbolic solution. Recovered and cyst has not refilled.

November 19, 1885.—Mrs. M., oöphorectomy, with ovary and tube; recovered.

November 24, 1885.—Mrs. W., double ovariotomy, large cysts, bad adhesions, patient very anæmic and feeble, had been tapped often. Recovered from operation, but died of peri-nephritic abscess three months afterwards.

March 9, 1886.—Miss N. G., oöphorectomy, right ovary and tube, recovered.

March 23, 1886.—Mrs. R., oöphorectomy, right ovary and tube; recovered.

April 3, 1886.—Mrs. N., oöphorectomy, both ovaries and tubes, kidneys contracted. Uræmic poisoning a week after operation, coma; death.

October 1, 1886.—Miss S., oöphorectomy, right ovary and tube, chronic ovaritis and salpingitis. Had to dig the ovary and tube out of a mass of adhesions, bad case; recovered.

November 20, 1886.—Mrs. N., double ovariotomy, removed large parovarian cyst and cystic ovary on left side and cystic ovary on right side; recovered.

This list of thirty-one abdominal sections is all I have made in my private hospital during the three years of its existence. I have never used spray over a wound, and only occasionally, in my earlier cases, I used 2½ per cent. carbolic solution over the instruments. Long ago I quit this and have used no chemical during the operations. After closing the wound I am in the habit of dressing it with iodoform gause. Our wounds all heal by first intention. A great many of these patients had neither health, strengths nor money when they came to us. Rich or poor all have had the same chance for life. All the provisions of cleanliness, known to science and art are practiced in my institution. With our present good condition, I believe we can save 98 per cent. of ovariotomies sent within a year or eighteen months from the time the disease begins, and without having been tapped. We never lose a case if in fair condition and if no trocar has been previously introduced into the cyst.

In this list there were thirteen ovariotomies for large cysts,and in one case a supra-vaginal hysterectomy was also done. Of these thirteen cases two died; one of the two three months after operation, and the other was in the last stages of exhaustion when she was brought in on a stretcher.

Of the cases of supra-vaginal amputation of the uterus and both ovaries there were six. In one an ovariotomy was also done for large cysts. Of these cases three recovered and three died.

The Tait operation for large pelvic abscess recovered.

The intestinal resection was not lost through the operation. The removal of the uterine appendages shows a mortality of two cases; one was due to operation I think, the other was not.

I am sure, that, as we gain experience in further operative work and exercise more care in rejecting cases with bad kidneys, our results here will compare favorably with others. Thus far we have refused no patient willing to enter the list for operation, and I am sure that no operator, East or West is like to meet with worse cases than are contained in this list.

SUMMARY:

Ovariotmies, McDowell's operation 13.

Oöphorectomies, Hegar-Tait operation 8.

Laparotomy for pelvic abscess, Tait's operation 1.

Resection of intestine 1.

Removal of large solid sarcoma of ovary 1.

Supra-vaginal amputation of uterus and both ovaries 6.

Exploratory incision 1.

Removal of sub-peritoneal fibroid of uterus 1.

(One case is counted twice, first as an ovariotomy for large cysts complicated with supra-vaginal amputation for fibro-cyst of uterus. Second as a supra-vaginal amputation of uterus complicated by ovariotomy.

In looking over my ovariotomy cases, which have recovered during the last ten years, I find that eight children have been born to them. My last laparotomy (46) for all diseases yet attacked by operation, by me, was a large parovarian cyst, with both ovaries cystic. The cyst and both ovaries were removed through a two inch incision, the dressing completed, and the woman in bed in thirty minutes, without any haste. She has taken no drugs, not a drop of

anything. Temperature on the fourth day was normal and pulse 76. Wound completely healed. Experience with honest precautions, coupled to a possibility of earlier operations and a discontinuance of tapping will results in as good statistics in this county as abroad.

DISCUSSION.

Dr. H. A. Kelly remarked that Dr. Sutton's account of his cases is very interesting and in many particulars instructive, and better results for general work, handling all classes of cases without selection certainly cannot be found in our country. Dr. Kelly, called especial attention to the note by Dr. Sutton, that his ovariotomy patients have borne eight babies within the past ten years. This fact is significant as deciding a question which has been discussed in terms of vague generalization and sentimentality. "The other ovary."

About a year ago when writing a paper upon ovarian cysts of large size Dr. Kelly found facts in Sir Spencer Wells' table which determined this question for him upon a solid scientific basis.

Of Sir Spencer Wells's 1000 cases, 768 recovered, and deducting from these 343 over 48 years of age, or beyond the child bearing period, we have left 371; again deducting 20 more which was about the number of double ovariotomies under 40 years, recovered, we have about 351 women survivors with one ovary and in a child bearing condition. As an actual fact 117, or about one third did bear children to number 288 or a fertilily of about 65 per cent. to the total number of survivors. This is then clearly the advantage of leaving one ovary in 351 women, to wit, 228 children. Now what are the disadvantages? Obviously a return of the tumor in the other ovary, and death from the second operation.

In 7 out of 351 women a second operation was necessary, and one of the 7 died of a tumor doubtfully uterine.

Here then is the status of "the one ovary" case. *One doubtful death* of a woman seven years after her first operation, against 228 *children born*!

Dr. Kelly could not accept the diagnosis of death from typhoid fever in a surgical case within three weeks of operation, in the absence of a careful post-mortem examination. The typhoid condition is so common in all cases of peritonitis tending to a lethal end, and true typhoid fever so extraordinarily rare that he rejected the diagnosis not subsequently confirmed. It savers too much of the many women coming to my office week after week who tell me they "have never been well since their last confinement when they had typhoid fever." Dr. Sutton, however, does not himself make this assertion.

Dr. Coffee, of Pittsburg, drew attention to a case under his own observation in which typhoid fever of distinct character followed close upon a surgical operation.

Dr. M. Price spoke of a cure in which typhoid fever followed immediately after an attack of small-pox.

(*To be continued.*)

SANITARY CONVENTION AT BIG RAPIDS, MICHIGAN.

A SANITARY CONVENTION, UNDER THE AUSPICES OF THE STATE BOARD OF HEALTH, WAS HELD NOVEMBER 18 AND 19, 1886.

It was opened by an address of welcome by the mayor of the city, E. W. Hudnutt. Dr. John Avery, of Greenville, Mich., President of the State Board of Health, spoke in response to the address of welcome, and said that the object of the Convention was not to benefit physicians, but the public. The members of the State Board of Health also wished to gain information, that they may better serve the people. Rev. Henry Johnson, President of the Convention read an able address.

Dr. John T. Stoddard, of Muskegon, read a paper on

INJURIES OF EVERY-DAY DRUG-TAKING.

He said the habit of taking drugs and nostrums was beyond comprehension. It partly came from mothers dosing

babies with soothing syrup, hive syrup, paregoric, worm lozengers, etc. Druggists and proprietory medicine companies distributed flaming bills, chromos and free samples of nostrums from house to house. The prevention was to educate the people in the injurious effects of drugs. There should be less medicine taken, and only on the advice of a physician after a careful diagnosis. A doctor was not capable of prescribing for himself when ill, much less the laity, who know nothing of the action of drugs.

Dr. David Inglis, of Detroit read a paper entitled

ALCOHOL: WHAT EFFECT HAS IT AS FOOD, MEDICINE, OR POISON?

In closing his remarks on alcohol as a medicine, he said: I should like to produce the continually accumulating evidence of the positive harm caused by such indiscriminate use of all kinds of alcoholic drinks, bitters, and tonics. I should like even more carefully to define the conditions in which alcohol ought to be used than I have here done. I have only time to urge that we ought, in all cases, to let alcoholic liquors be the last, and not the first, remedy; that we ought to give alcohol in definite and known doses, and during such time as the drug is required, and to make it our business to see that its use is then suspended, just as we do in a case of opium.

Dr. J. L. Burkart, of Big Rapids, read a paper on

WATER-SUPPLY OF BIG RAPIDS.

The paper embodied the report of the committee appointed by the common council to investigate the matter of procuring a better article of water for that city, and contained much of special interest to the citizens of Big Rapids.

Dr. L. S. Griswold then followed with a paper on

THE SANITARY NEEDS OF BIG RAPIDS,

which contained practical suggestions for the citizens of that city.

Prof. W. N. Ferris, of the Big Rapids Industrial School, read a paper on

HYGIENE OF SCHOOLS.

He said that he could not recall ever having visited a room regularly occupied by 40 or 50 pupils, that could be said to be properly ventilated. Dullness, nervousness, headache, colds, catarrh, and consumption are among the frequent effects of staying in such rooms. Under the influence of bad air, study is irksome, good behavior difficult, and the play-ground a heaven. He dwelt upon the lack of ventilation in the Big Rapid schools, and said that the foul air openings could be made several times larger with slight expense. Strange as it may seem, school patrons think very little about ventilation, and care less. Their sleeping and sitting rooms are without any intentional means of ventilation. Vitiated air is the most expensive commodity which man takes into his body; for in thousands of families the expenditure of money for a single year which sickness and loss of time occasioned by inhaling poison would defray the necessary expenses for properly ventilating a decently constructed house. In several of the school-rooms of this city, the air space for each pupil does not exceed 200 cubic feet. We should construct rooms for lower grades very large, and use single desks. The speaker denounced the style of desks in use in one school-room in Big Rapids as "torture appliances."

Col. J. O. Hudnutt, C. E., of Big Rapids, read a paper on

A SYSTEM OF SEWERAGE AND DRAINAGE FOR BIG RAPIDS.

Judge M. Brown, of Big Rapids, read a paper on

PUBLIC HEALTH LAWS.

After referring to the health regulations of the ancients, he said: As civilization has advanced, and the average of mankind has reached a higher condition upon the plane of intelligence, health laws have become more general and better enforced. It may be stated as a fact

that the race of man has advanced mentally and physically in proportion as heed has been given to the laws for the promotion of health. A kind of intuition seems to prevade the human race, aside from and above all law, that it is necessary to care for the public health in order to be comfortable and happy, and to enjoy this life. This intuition has probably led to the enactment of health laws by persons and bodies having legislative authority. * * * * Some offenses against the public health are punishable by the common law—by fine and imprisonment—such as the selling of unwholesome provisions. When articles of food are sold for domestic purposes, the law implies a warranty that they are fit for such purposes. The Supreme Court of this State says that this rule is not only reasonable, but essential to public safety. He then discussed English sanitary work. He thought the laws of Michigan in regard to public health were good enough, but the way they are usually enforced is very bad, "Perhaps one of the greatest sources of sickness in our midst is the want of proper ventilation in building occupied as dwellings in public places where large assemblages of people convene. In this county, until a very recent date, at every term of the circuit court more or less people in attendance became sick. Court was held in a room entirely unfit for occupancy on account of not being properly ventilated. * * * I desire to call attention to the subject of prisons and jails in this part of the State. I don't know a jail within the ninth congressional district that is properly ventilated, and hardly one that is proper for a human being to remain in over night. This subject has been agitated and investigated by the State Board of Health and the State Board of correction and Charities, and a great deal of valuable work has been done; but there is still very much to do."

Dr. Arthur Hazelwood, of Grand Rapids, a member of the State Board of Health, addressed the convention on the subject of

WHAT TO EAT, WHEN, AND HOW.

Dr. R. J. Kirkland, also of Grand Rapids, read a paper on

CARE OF THE EYES.

Both of which were interesting, but of which we have not been been able to secure abstracts.

Rev. Henry Wales, of Big Rapids, read a paper on

SURFACE FILTH AS A MEDIUM OF DISEASE.

He said: "In 1876, Dr. Henry Bowditch, of Boston made an estimate of the annual cost to the people of the United States because of unnecessary sickness, and placed the figures at $100,000,000.

Later, one of our own physicians—who is with us to-day—revised these estimates, going more into detail, and he increased the amount to $300,000,000; a loss each year of over $10,000,000 to the people of Michigan. And this estimate leaves out of view the physical suffering, the mental pain and anguish, and the death of loved one around our social circles." In regard to filth he said: "By surface filth, we mean anything of this disgusting nature that is thrown upon or is suffered to lie upon the surface of the ground around our habitations or places of business—garbage, or the refuse of vegetable and animal matter; dirty water of every description, from that in which food is cleansed, to the dish-water and slops of a household; dirt swept from the floors of the home or shop; the contents of the wood-box and spittoons; the refuse of a wood-yard, hen-house or pig-pen; and the excrement from chambers and privies. Besides these, there are sources of filth in musty rooms, woolen blankets, feather-beds, and the cellars under the house. Rubbish of any kind always becomes filthy if allowed to stand; and dampness increases filth by causing fermentation and vegetable growth. * * * A close inspection of all the premises of a habitation is continuously needed, that nothing which may cause filth shall be allowed to accumulate." Mr. Wales thought that the "grand march of the

giant contagion begins in the surface filth and the vaults of the civilized privy;" and he thought that if the dry earth system were universally introduced, it would exterminate such diseases as cholera, dysentery, and typhoid fever, as they are propagated solely by germs in the voided excrement.

Prof. W. S. Baker, superintendent of Big Rapids Public Schools, discussed the paper by Prof. W. N. Ferris, on

SCHOOL HYGIENE,

in which he dwelt largely on ventilation.

Prof. Henry F. Lyster, M.D., of Detroit, a member of the Michigan State Board of Health, read a paper for which no subject was announced. He said: "Nature cares absolutely nothing for individuals. It is the family, the species, the race that she cares for. When one of her laws has been contravened, it may not always be capital punishment, but it will always be punishment proportionate to the offense. She is implacable as long as the law is offended. She asks no reasons; she demands no explanations. She simply requires obedience. The more we study and understand her laws, the more clearly appears a Divine will governing them. An offense against the moral law of our nature brings its punishment in the deterioration of our moral nature just so long as it continues. * * * * If you should go through the wards of St. Mary's or Harper's hospitals, you would see lying upon one of the beds a poor man, consumptive, with a dash of too much brilliancy in his eyes, too long eyelashes, too delicately a chiseled nose, too bright a crimson spot upon the cheeks, too hot and pungent a feeling to the long, thin hands. It may be from no fault or error of his own that he lies there. He is bearing the punishment to which nature, in her own unerring judgment has set her seal. In this ward you might see a young man old before his time, whose uncertain, shuffling gait and feeble form have placed him physically, among the octogenarians, and whose waning intellectual power and dull, sluggish brain fail to respond to any emotion of either joy or sorrow. Here is the victim of dissipation and intemperance. Nature is punishing him. The laws which he infringed years ago are unsatisfied. He has wrecked his own life, and who knows what other lives? He passed his Rubicon in early manhood. He will make his final ferryage before he should have reached the youth of his strength. There is a beautiful little girl, some deformity of the spine has been her lot. She is suffering for the sins of her forefathers. Thus we see, on all sides, the victims of the infringement of natural laws. * * * * While the genus and species will be preserved in nature, what can be done to save the individual and enable him to attain his highest degree of perfection, physically and mentally? It is here that a distinct science is applied, known as sanitary science. The discoveries in this science are nothing more than translation and application of natural laws to the preservation of health and the prolongation of life. * * * A young man is in no way responsible for his inheritances, but sanitary science can teach him much that will profit him, and can do much to protect him. Suppose that his father had died at 30 of consumption, and that his mother at forty was in feeble health, very nervous and a victim of various neuralgias, and came from a comparatively short-lived family. Sanitary science would say to this young man, choose your occupation from among those which will enable you to be in the open air a large portion of the time; where exercise would insure good sleep at night; where 'good digestion waits on appetite, and health on both.' He should prefer the saddle to the office desk, the broad fields of the farm and the smell of the new-mown hay to the narrow streets and the lowering cloud of dust that hangs over the city. He should turn his back upon the tempting offer of a clerkship in an insurance office, or store and herd sheep in New Mexico, cattle in Montana, or manufacture pine lumber in Northern Michigan, or farm in Washtenaw or Oakland county. Let him do anything under the sun rather than inure himself

to the shadow of indoor life. Sanitary science comes to the aid of this young man in all of his environment. * * * The maintenance of parks and boulevards, public libraries, open-air concerts, an elevating press and free schools, are all powerful sanitary agents."

Dr. Jno. Avery, of Greenville, President of the State Board of Health, read a paper on

PASTEUR AND PROTECTIVE MEDICINE.

Dr. Avery told of Pasteur's parentage, his boyhood, his studies, and his first triumph as a chemist in discovering the left-handed polarizing tartaric acid. Pasteur, after this work, was made assistant professor of chemistry at Strasburg, where his first work was to prove the power of minute organisms to change or modify chemical affinity. He was then made dean of the faculty of science at Lille. Here he determined to devote a portion of his lectures to the study of fermentation. The prevailing theory of fermentation at this time, Pasteur could not accept. He experimented with milk, and discovered the lactic ferment. And soon after, in the same substance or some of its products, he found the butyric ferment. These two organisms he found to be entirely distinct. The lactic ferment requires for its existence and multiplication, free oxygen or air; while the butyric ferment died when exposed to the atmosphere. Pasteur soon demonstrated that the special fermentation known as putrefaction is caused by a living organism belonging to the same class as the butyric ferment; and he also soon discovered the acetic acid ferment—the *mycoderma aceti*." Pasteur's next work was to demonstrate that spontaneous generation was a myth; and he then discovered the germ which caused so much havoc among the silk worms of France and other countries. He demonstrated that the disease among the silk worms was contagious, and gave practical directions for its prevention, which restored the silk industry to Europe. This work led him to the great work of his life—the development of the theory of the parasitic origin of communicable diseases; and in this effort he took up the disease known as anthrax or splenic fever, which was decimating the flocks of all Europe. "He put a drop of splenic fever blood into sterilized yeast water; in a few hours it swarmed with myriads of bacteria. A drop of the first cultivation he put into a second flask containing the same kind of liquid, and the bacteria multiplied as before. This process he repeated 15 or 20 times, and by this means freed the initial drop of blood from any substance it might have carried with it. And now, if a drop of this last cultivation is injected under the skin of a rabbit or sheep, the animal dies with all the symptoms of idiopathic splenic fever." Pasteur had studied vaccination, and he now undertook to vaccinate for protection of animals against splenic fever. "Before the close of the year of 1881, Pasteur had vaccinated 33,946 animals. In 1882, the number amounted to 399,102, including 47,000 oxen and 2,000 horses. In 1883, 200,000 were added to the list. In 1881, it was the common practice of farmers to vaccinate one-half of their herds and leave the other half unprotected. It was found at the close of the year, that the loss in the protected sheep was ten times less than in the unprotected, being one in 740 as against one in 78. In cows and oxen it was 14 times less. * * * "In pursuing his investigations of the splenic fever disease, Pasteur made some curious and interesting discoveries which are of practical value to sanitarians and all who are interested in preventing the spread of communicable diseases. * * * He found that an attenuated virus that could cause no harm to a guinea pig of a year or a month or even a week old, would kill one just born. The weakened microbe could multiply itself in the blood of one so young; and a few drops of this pig's blood would kill one still older, and so on until the full virulence of the microbe was restored. * * * Exposed to the air, these germs become weakened or take on the form of spores, in which condition they will remain viable for years, and float in the air as minute

particles of dust, until they find lodgment in the proper media for their development and multiplication. What is true of these germs may also be true of the germs of diphtheria, scarlet fever, small-pox, typhoid fever and other communicable diseases. In localities where these diseases have prevailed as epidemics, is it not quite possible their attenuated and viable germs are constantly floating in the air, ready to resume their active form whenever and wherever the condition of climate, of poverty, of wretchedness, of filth, and of bad air, present themselves?" Dr. Avery closed his paper with a discussion of Pasteur's work in inoculating for hydrophobia.

Dr. F. Grundrum, of Ionia, read the last paper of the convention on

PREVENTION OF COMMUNICABLE DISEASES,

of which no abstract has been obtained.

Sets of the pamphlets issued by the State Board of Health, giving detailed methods for the restriction and prevention of each of the communicable diseases, were distributed in the audience.

The convention was a successful one, and will undoubtedly result in good to that community.

Correspondence.

BI-TARTRATE OF POTASH IN PREGNANCY.

ROCKVILLE, MD., Dec. 11, 1886.

Editor of the Maryland Med. Jour.

DEAR SIR:—My experience has been, that if the bi-tartrate of potash be administered to a pregnant woman for one month prior to confinement, in a sufficient amount to bring about free action of the kidneys and bowels, puerperal convulsions will never occur. In my opinion opium should never be given where eclampsia is threatened, unless its use be preceded by free purgation or venesection, as it will be very apt to cause what we wish to prevent.

Yours truly,
EDWARD ANDERSON, M.D.

INTUBATION OF THE LARYNX.

WASHINGTON, D. C., Dec. 19, 1886.

Editor of the Maryland Med. Jour.

DEAR SIR:—I take the liberty of directing your attention to an error (perhaps typographical) appearing in your excellent editorial on intubation of the larynx.—MARYLAND MEDICAL JOURNAL, Dec. 18, 1886, p. 147.

You say: "Removal of the tube has been considered by a few operators as more difficult than its introduction. This should not be the case, since the same instrument used in inserting the tube is employed in its withdrawal."

In the ordinary O'Dwyer instruments, as used by myself and others, the tube is inserted by means of an instrument known as the "Introducer," and withdrawn by means of another instrument called an "Extractor." So you see there are really two instruments, and not one as you state. If there is an intubation set, in which one instrument serves the dual purpose of introducer and extractor, I have never heard of the same. I have thus far intubated only one patient for laryngeal croup, and with the usual termination of this fatal disease. In my opinion it is much more difficult to extract than to insert the tube. I think well of intubation and shall give it a fair trial.

Faithfully,
E. CARROLL MORGAN, M.D.

(We cheerfully give place to Dr. Morgan's correction. We admit our error in the statement to which he has called attention). EDITOR.

Dr. D. P. Welfley, a well-known physician of Cumberland, Md., died at his residence on December 19th. Dr. Welfley was born in Pennsylvania in 1832. After graduating from the University of Pennsylvania he located in Salisbury, Pa. In 1873 he removed to Cumberland, where he has since resided and where he enjoyed a successful practice.

Professor Thomas Opie has been elected by the Faculty of the College of Physicians and Surgeons of this city to the chair of Gynæcology vacated by the death of Professor Erich. Professor Opie will continue also to fill the chair of Obstetrics in this school.

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T. A. ASHBY, M. D., EDITOR,

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BALTIMORE, DECEMBER 25, 1886.

Editorial.

MERRY, MERRY CHRISTMAS.—We omit for the present issue our usual editorial columns and lay aside for the time being all thought of labored effort that our readers may enjoy the lighter cares and festivities of the season now upon them. We wish to each of our readers a merry, merry Christmas. Let the day be celebrated in its accustomed way with joy and gladness. Though it may fail to bring to many careworn minds the relaxation and rest, or the merriment and happiness of other years, we would urge all whether great or small to relax the bow, to yield to the cheering influences of the event which recalls to the world the promise of hope, the reward of faith and the peace of the trustful heart. Let all of us who are concerned with the great care of administering to man's physical well-being, consider the value of the day in its influence over the human heart and join in with those who make merry an occasion which commemorates the birth of Him who has been justly designated the physician of man's soul.

Miscellany.

UREA AND ITS RELATION TO CERTAIN MORBID CONDITIONS. — The question whether urea is furnished equally by all the albuminous constituents of the body, or whether it only represents the decomposition of one particular tissue or organ, has long been a puzzle to physiologists. The exclusive view however, which regarded urea as derived only from one source, such as from the excess of nitrogenous food taken into the system but not employed, or from disintegration of muscular tissue, or from nitrogenous metabolism taking place in the liver, have given place to wider ones, and most physiologists are now disposed to admit that the sum total of urea eliminated in the twenty-four hours is derived from many sources. Such a belief would enable us to account for many anomalous circumstances attending on urea excretion in disease. Among the many possible sources of urea formation, Dr. Noel Paton (*Journal of Anatomy and Physiology*) has recently drawn attention to the destruction of blood-corpuscles in the liver, under the agency of certain hæmolytic agents, as leading to the increased discharge of urea and urinary pigment. Indeed, these researches have led Dr. Locke, in the *Practitioner* of Sept. 1886, to explain the diuretic action of mercury as exhibited by the action of the preparation known as "Guy's" pill. Dr. Oliver, of Newcastle-on-Tyne, has recently considered the subject from its clinical side, and has arrived at the same conclusion that Dr. Noel Paton has from the experimental—viz., that the destruction of blood-corpuscles forms an important source of urea; and he has shown that in diseased conditions in which chronic anæmia was present the daily discharge of urea was small, but that where the anæmia was quickly progressive the disappearance of blood-cells was always followed by a marked rise in the daily discharge of urea. Also in a paper on Functional Albuminuria communicated to *The Lancet*, Oct. 23rd, 1886, Dr. Ralfe observes that the albuminous element of the blood-corpuscles brought to the liver under ordinary circumstances no doubt undergoes transformation into urea; but that when the destruction is considerable, and the process takes place suddenly, porbably, whilst there is a decided increase in the formation of urea, a large proportion of this effete albumen is at once got rid of by the kidneys, giving rise towhat is known as functional

albuminuria. In a more severe form, however, the number of blood-corpuscles destroyed is so great that the conversion of all the effete hæmoglobin into bilirubin cannot be effected, so that a portion of the undestroyed hæmoglobin appears in the urine. In this manner Dr. Ralfe explains the relationship that exists between certain forms of albuminuria and hæmoglobinuria, and the increase of urea eliminations that occurs in them. As we have already stated, the belief in the multiple sources of urea enables us to explain many anomalous circumstances attending urea excretion in disease. Thus, for instance, in phthisis with rapid wasting of tissue we should naturally expect a considerable increase of urea elimination if urea were solely derived from tissue metabolism, but no such increase can be definitely established even when high temperature exists; and Dr. Oliver has shown, from the observation of numerous cases, that when the ureal excertion in phthisis is augmented it is always accomplished by distinct evidence of the increase of the anæmia.—*Lancet*, Dec. 4, 1886.

The Diagnosis of Uræmia from Apoplexy.—C. W. Suckling, M.D.Lond., M.R.C.P., Physician to the Queen's Hospital, Birmingham, says in *Br. Med. Jour.*, (Dec. 4th, 1886,) Chauternesse and Tenneson, in the *Revue de Médecine*, November, 1885, relate cases of partial epilepsy and hemiplegia in Bright's disease which they have, by *post mortem* examination, proved to be due to local œdemas of the brain.

I believe that it is not generally known that hemiplegia occurs in uræmia, thus occasionally making the diagnosis between uræmia and apoplexy an extremely difficult one. As in uræmia the treatment must be one of active interference, while in apoplexy the opposite holds good, the diagnosis is of the utmost importance.

I have recently met with two cases similar to those reported by Chauternesse and Tenneson. A man aged 40 was recently admitted into the workhouse infirmary in a comatose condition, with right hemiplegia and without convulsions. The pulse was of high tension, the heart considerably hypertrophied, and there was a trace of albumen in the urine.

All these symptoms were compatible with the diagnosis of cerebral hæmorrhage. To my astonishment, he recovered consciousness immediately after being bled, the hemiphlegia passing off in a few hours.

During his stay in the infirmary, he had five other attacks, which were always preceded by delirium and restlessness, together with violent convulsion of the right side of the face, right arm and leg, and conjugate deviation of the eyes to the right, giving place to hemiplegia, the eyes then being turned to the left. Each attack was cured by a small bleeding. The urine in this case was free for days from albumen, though it was tested at various periods of the day.

The other case was that of a woman, aged 62, brought in one evening completely comatose. There was right hemiplegia, conjugate deviation of the eyes to the left, dilatation of the right pupil, and abolition of the right pupil, and abolition of the right conjunctival reflex.

The breathing was of the "Cheyne-Stokes" type, the heart a little enlarged, but the pulse of low tension. Clonic spasm of the facial muscles occurring at short intervals, the case was suspected to be uræmic, though the urine apparently was not albuminous, and I ordered her to be bled. One ounce and a quarter were drawn, and she became conscious almost immediately after.

The next day the hemiplegia had disappeared, but she had sensory aphasia, there being "word blindness and word deafness." Free purgation was kept up, and within two days she was perfectly well.

On testing the urine by daylight, I found there was a slight trace of albumen present, the quantity of urea being only 1 per cent., and the average daily quantity of urine passed being forty ounces. I could discover no casts, and there was no change in the fundus oculi.

In both the above cases, the tempera-

ture was a little below normal; and in both no history of the onset of the attack could be obtained, the patients being brought in from the street by the police. In the diagnosis of these cases, the occurrence of convulsions is of great assistance. A convulsion occasionally occurs at the onset of apoplexy, but is rarely repeated, while in uræmia convulsions are common, and usually frequently repeated; any elevation of temperature would be strongly in favour of apoplexy. In all cases, when in doubt between apoplexy and uræmia, I should bleed.

The Treatment of Rheumatism in the New York Hospital.—Dr. George L. Peabody treats his cases of acute rheumatism with a combination of salicylic acid and iron the formula for which was obtained in the following way:

About a year ago a nurse was pouring into a common receptacle some remnants of different medicines, when she noticed that a black precipitate formed by iron was turned into a transparent solution of a rich red hue as soon as she poured the fluid contents of another bottle. Being a young woman of an inquiring turn of mind, she asked the house-physician the cause of this phenomenon. The house-staff, to help her in her desire for information, experimented with the drugs that she had been throwing out, and ascertained that her manipulation of chemicals had been this: She had first poured into the receptacle a salicylic acid. Into this she had poured a solution of iron, with the result of producing a black precipitate. To this she had added some sodium phosphate, with the result of producing a clear red solution.

This at once gave a clew to the means of combining iron and salicylic acid without forming a precipitate. The facts were submitted to the apothecary of the hospital, and from them he produced the following formula, which has been in constant use nearly a year:

℞.	Acidi salicylici	gr. xx.
	Ferri pyrophosphatis	gr. v.
	Sodii phosphatis	gr. l.
	Aquæ	℥ ss.

This method of giving this drug in rheumatism has now been fairly tested. It may be said to agree as well with the stomach as any other, and it has the great advantage of not being followed even if its use be long continued, by the severe anæmia that so often follows the use of salicylic acid, if it be given without iron.

The dose which is described in this formula is given every two hours until improvement justifies a diminution in the frequency, or until constitutional effects are pronounced.

Dr. Peabody has tried antipyrin in several cases of subacute rheumatism without satisfactory results; but has had too little experience with it thus far in acute rheumatism, for the cure of which it has such high celebrity in Germany, to speak from personal knowledge in regard to it.

There is nothing beyond these trifling details, at all peculiar or out of common way in the treatment of acute rheumatism at the New York Hospital.—*Med. News.*

Supervision of Medical Students.—Professor Billroth, of Vienna, has joined the number of German professors who have spoken of the necessity of stricter supervision of the university students. He writes, with particular reference to students of medicine: "Sad experiences and observations naturally suggest the thought that our young men are not ripe for the degree of freedom prevaling in our universities. It is to be hoped that by tightening the pedagogic reins some improvement may be effected; the protest of the apostles of freedom surely ought not to be heeded. I would not favor a daily roll-call, but if, for instance, every clinical student had to appear four times instead of once at the practical demonstrations and should mercilessly lose a semester by his absence when called out of turn, perhaps the students would attend the clinical lectures more frequently." In this country, the system of turning out doctors in forty weeks makes things so lively that our students do not need much supervision.—*Medical Record.*

Medical Items.

Dr. G. A. Blumer has been elected superintendent of the Utica State Lunatic Asylum to fill the vacancy created by the death of Dr. John P. Gray.

The honorary degree of M.D. has been conferred upon Mr. Lawson Tait, of Bermingham, England, by the University of the City of New York.

The Jarmarkt, which was held at the Academy of Music in this city last week for the benefit of the Home for Incurables, realized over $4,000, which sum will be added to the building fund.

It is said that Rush Medical College has purchased thirteen acres of ground on Lookout Mountain, near Chattanooga, Tenn., on which $50,000 will be expended in the erection of a sanitarium building, cottages, etc. The sanitarium is designed for consumptives and convalescents.

Progress says the practice of medicine can never be reduced to an exact science for many reason, but much of the rubbish called "experience and observation," may be eliminated by a more general recognition of the lights that laboratory experiments have shed upon pathology.

The Cottage Convalescent Hospital, a charity recently organized by the Board of Directors of the Home for Incurables, is now in fair way of substantial growth and usefulness. A farm of twenty-one acres has been recently purchased at a cost of $4,500 for the Hospital in the neighborhood of Catonsville.

Bill of Fare for a Christmas Dinner.—Raw oysters, tomato soup without meat, roast turkey, giblet gravy, mashed potatoes, canned corn pudding, cranberry jelly, beets sliced, salad, mayonnaise of salmon, cheese, water crackers, sweet potato pudding, creamy sauce, fruits, nuts, raisins, coffee.—*Med. and Surg. Reporter.*

The *Popular Science News* says that the statement is made that all the varied machinery of Great Britain now operated by steam-power is capable of performing more work—and, hence, of producing more products—than could be produced by the labor of 400,000,000 able-bodied men, a greater number than all the able-bodied men on earth.

The suit for malpractice to recover $10,000 from Dr. J. F. H. Gorsuch, brought by Henry Most, was tried at Towsontown, Md., last week. Most sustained several fractures of the right arm in the region of the elbow joint which were treated by Dr. Gorsuch. After union anchylosis of the joint followed, which the plaintiff attributed to improper treatment. The verdict of the jury fully exhonerated Dr. Gorsuch.

Dr. William C. Wile, of Newtown, Conn., has been elected lecturer on nervous diseases and electro-therapeutics in the faculty of the Medico Chirurgical College of Philadelphia. Dr. Wile has been for some years a most active member and writer in his profession. He is editor of the *New England Medical Monthly*, vice-president of the American Medical Association, and a member of the British Medical Association.—*Med. and Surg. Reporter.*

The meeting of the Baltimore Academy of Medicine held at the residence of Dr. Christopher Johnston, during the present week was more largely attended than previous meetings have been for some time past. No less than five original papers were read at this meeting by members including an Admission Thesis by Dr. T. Barton Brune. The Academy voted to continue its usual annual prize for the best original paper to be read during the year.

The growth of the telephone is one of the most remarkable in the history of inventions. In August, 1877, the number of instruments in use in this country was only 780, while in February, 1880, there 60,800, 249,700 in 1883, 307,010 in 1884, and in February, 1885, 325,574. There are about 18,000 in Canada, and 13,000 in Great Britain. The number of exchanges has grown from 100 in 1880 to 782 in 1885. In January last, there were 137,223 miles of telephone wire in this country. There are 5,186 persons employed by the exchanges. More different patents have been issued on the telephone than in any other single line of invention in this country. The total number for the ten years is 1,521.—*Amer. Druggist.*

The Surgeon-General Gunnell in his report to the Secretary of the Navy invites attention to the condition of the Medical Corps of the Navy. Its vacancies have not been filled for several years, resignations, deaths, and retirements having depleted it more rapidly than candidates have been obtained. The bureau has not been willing to lower the standard of requirements; and it is impossible with the present inducements offered, to find young medical men possessing the necessary qualifications who are disposed to become medical officers of the navy. The Army Medical Department has qualified applicants far in excess of its needs, attracted by better pay, well-defined rank, and more satisfactory professional position. Since 1870 more than thirty young medical officers have resigned (three of them to enter the army corps); he says he cannot too strongly recommend that prompt measures be taken to increase the advantages and improve the condition of this department.

Original Articles.

REST FOR PAINFUL EYES, IS THIS ADVICE ALWAYS GOOD?*

BY JULIAN J. CHISOLM, M.D.,

Professor of Eye and Ear Diseases in the University of Maryland, Surgeon in Charge of the Presbyterian Eye and Ear Charity Hospital of Baltimore City. Etc., Etc.

When the eyes tire under much and long continued use relief naturally comes with rest, and we voluntarily desist from work so that the eyes may regain their normal condition of comfort; and this they rapidly do. This eye weariness, which comes on simultaneously with a tired feeling in the whole body, is not a painful condition. That it is a general discomfort which rest relieves, is familiar to us all as individuals, and hence we are ever ready to acquiesce in the proposal to rest our painful eyes, when such advice comes from the physician to whom we have appealed for treatment. *But is this advice always good?*

To answer correctly this very important question eye troubles must be classified into two great divisions.

First—We have diseased states of the eyes, inflammatory in their nature, accompanied by pain with other evidences of congestion, and often associated with blurred vision.

Second—This great division comprises faults in eye construction, defects in the focusing power, errors in refraction, unaccompanied by visible congestions except on abusive use of the organ.

In one or the other of these two great classes most eye troubles can be placed.

When we see an eye that is red, watering, painful, and in many instances accompanied with blurred vision, whether this trouble be in one or in both eyes, we naturally and properly advise rest from eye work, while the inflammatory symptoms are being relieved by judicious medication. We even shut out the normal retinal stimulus, light, by smoked glasses or darkened rooms, and thereby add to the comfort of the patient.

All eyes, painful under use, are not necessarily inflamed ones. On the contrary, a very large number of the most annoying eye troubles are not dependent upon diseased conditions. The discomfort induced by the use of such eyes is occasioned by faults in the focusing power, necessitating over use of the eye muscles, and subsequent pain in the eyes and head. Any disturbance of the system, which causes temporarily general muscular debility, will diminish the force of the eye muscles and increase the tendency to head and eye pains. As these eye faults are most frequently congenital, starting with our very being, they often commence to show their injurious effects when young growing and not necessarily over strong eyes, are taxed in the acquisition of knowledge, and when the advice to rest these painful eyes for months at a time is a serious interference with school life and with education. In this classification is brought a very large number of young persons, whose eyes are badly shaped, and hence pain in them on use.

A well shaped eye should be nearly a sphere. In such a round eye the inner or retinal coat will receive the focused image, sharply defined, of distant objects, without aid from the muscles of accommodation. These important muscles, within such an eye-ball, are called into use when the eye is viewing near objects. Writing, reading and sewing are properly called eye work, because they require the need of the accommodating eye muscles. All other uses to which the eyes are put, except the viewing of near objects, mean rest. This of course is not rest from retinal work, which is going on actively as long as our eyes are opened, for as a rule the retina does not seem to tire. It means rest from intra-ocular muscular work. Such a round eye is called *emmetropic*, and is the type of a good one. This is the kind of eye that nature should always supply to the human race.

Unfortunately from this standard, deviations, detrimental to the comfortable uses of the organ, are found in numbers.

*Read before the Baltimore Academy of Medicine December 21, 1886.

Many children are born with eyes flattened from before backwards, so that the retina is brought too near the lens and therefore in front of its normal focus plane. This flat eye is called over-sighted or *hyperopic*. Such a flat eye, when at rest, does not see even a distant object sharply. It needs muscular work for all purposes, to enable it to focus light from far as well as from near objects. Such an eye is never at rest during waking hours. As nature abhors a vacuum, so badly shaped eyes may be said to abhor badly defined pictures on the retina. An effort is made involuntarily by the flat eye to sharpen outlines and perfect the focus. This is always a muscular effort. When required for distant vision, as is always the case with flat eyes, some of the muscular force of the eye is used up, leaving less for the accommodating power in viewing small near objects. If the eye be very flat and the demand upon the muscular apparatus necessarily very great for even distant objects, then the moderate use of the eyes for reading soon exhausts the remaining muscular power. After reading for a short time the natural relaxation of the over-worked and tired muscles changes the focus of the lens, blurs the image upon the retina, and causes the letters of a page to run together. A little rest enables the muscles to resume work and the printed page to be again clearly seen, but a very few more minutes use of the tired muscles again blurs the page. If the effort to read be persisted in, pain in the eyes and in the head ensues. If the muscular force be weakened by any acute disease then the eyes give out the sooner. We experience this in children after measles, diphtheria, etc. Children who could study with comfort before the attack find themselves unable to read for any length of time afterwards. Often months are required before the eye muscles again become strong.

An eye may be so very short in its antero-posterior diameter that all the intra ocular muscular power is required for viewing distant objects, leaving none for near work. Children with such badly shaped eyes can not study, because from deficiency in the focusing power of the crystaline lens they can not distinguish the shape of the small letters. The nervous apparatus of such an eye is good. The retina and optic nerve are perfect, but the picture thrown upon this retinal screen is blurred, solely for want of accurate focusing power. Add to the lens power and perfect vision for small objects is at once obtained. The accidental use of their grandmother's glasses to aid the crystaline lens to focus a sharply defined image is a marvellous revelation to such an eye, and shows just what it requires to make it a strong useful organ; viz, a pair of properly adjusted magnifying spectacles. With such scientific aid the child is in condition to undertake hard study, and seeing clearly becomes easy. Because over exertion of the eye muscles is no longer required, when the child wears properly selected glasses, no more pain in eyes and head is experienced during study hours.

Although rest from near work will always bring about relief from the pain consequent to over muscular exertion, the advice so often given to parents by the family physician, to take hyperopic children from school, and let them rest their eyes from study, for months at a time, is bad, because it is founded on ignorance of the cause producing the trouble. At the end of six or twelve months the eye is just as misshaped as it was before the rest was taken, and application for near work will surely bring back the former painful discomfort. This is a matter of every day observation. Adjust proper glasses, correct the error of refraction, give the eye muscles less work to do by allowing the eye to do its work with spectacles on, and consequently without effort, is surely the rational course to be pursued. *With the aid of magnifying glasses for all uses a flat eye will need no rest. To rest such eyes with the expectation that they will become strong is delusive, and is therefore bad advice.*

Again an eye may be misshaped from the round standard by being longer than it ought to be. An eye long in its antero-posterior diameter is more oval than round and is called near-sighted or *my-*

opic, because it only sees near objects clearly. The retina is so far from the lens in long eyes that a focus of light from distant objects is made before the retinal screen is reached. When the picture is finally thrown upon the nerve layer it is illy defined and consequently blurred. Distant objects for such eyes are always befogged, unless the strength of the crystaline lens is weakened and its focus lengthened by the use of concave or near-sighted glasses. As flat eyes were always congenital, so long eyes may be found at birth. As a rule, however, eyes acquire this condition and become misshaped by too much study in early school life. When an eye, previously good for seeing distant objects, changes shape and becomes near-sighted, the change indicates a yielding of the sclerotic or outer tough coat which is the sustaining wall of the eye-ball. This is a weakening and diseased condition of the organ, which will eventually be a serious injury if it becomes excessive.

When progressive near-sightedness is found in school children, in order to check the rapid deterioration in this very valuable organ, rest from eye work becomes a very important factor in the treatment. When the eye-ball is elongated, the cornea retaining its regular outlines concave spherical glasses correct the defect in the focusing power of the lens and makes vision better; but this aid for distant vision does not make such young and still growing eyes strong or capable of standing abusive work.

There is still a very important class of misshaped eyes, also starting usually with the very beginning of life. *It is to call attention to the headaches and eye pains caused by many such eyes that this paper is written.* In this large class of painful eyes the cause of trouble lies in irregularities of curvature of the surface of the cornea. The curvatures of the various meridians differ, as if the eye-ball had been flattened from its sides. In such eyes the misshaped cornea may be represented by the crystal of a watch, which has lost its true spherical form, from irregular pressure upon its edges when the substance of the glass was still soft. The curvatures of the short diameter, corresponding to the direction of pressure must be greater than those of the longer ones, and this must necessarily vary the focus of light passing through these different convex surfaces. In some meridians light may pass through and focus correctly upon the retina; in other directions the focus of transmitted light will be made too rapidly or too tardily, in either case blurring the retinal image, and causing defective vision. Whether the cornea border be compressed vertically, horizontally, or obliquely it so changes the surfaces of the cornea for that direction, that however perfectly the other surfaces of the cornea may focus, the faulty curvature acts as if it were a distinct lens of different focal power, and it will cast shadows over the sharply defined picture made by the correct portions of the cornea. This error of refraction is called *astigmatism*, and may be found in long, short, or round eyes; hence we find simple or mixed, hyperopic or myopic astigmatism. Such irregular corneas are frequently met with. In all such eyes an effort is made automatically to correct this fault by changing the shape of the crystaline lens to correspond with the irregularities in the cornea. Fortunately the lens in young persons is so soft and jelly-like, that very little action on the part of the eye muscles corrects the faulty lines of refraction, and a perfect focus is secured. For a time this succeeds well, and comfortable clear vision is enjoyed, provided the application of the eyes for near work is not too long continued. But unfortunately the lens is hardening steadily with advancing age, and the muscular effort has to be continually increased till it becomes irksome and finally painful. The discomfort produced does not restrict itself to the eyes alone, but diffuses itself over the brow, forehead, and temples, causing headache more or less persistent. In some cases the pain invades the whole head, back of neck, and even spine. These headaches can always be brought on by eye use. To some very sensitive astigmatic patients eye use refers to their whole waking life. They arise in the morning with comfort-

able heads, but before they are dressed the headache has been started by the necessary toilet preparations, and it increases in severity with the advancing day. Sun rise and all day headaches they are, with some of these very susceptible persons, whose eyes see differently for the different curvatures of their cornea.

Every object in nature will radiate light from every exposed surface, and the eye catches some of these rays. Where the cornea is regularly curved light from any and all directions is accurately focused on the retina, and while we see every thing perfectly we are not aware that we have eyes, so painlessly do they function. To the abnormally sensitive astigmatic eye this varied direction of light beams, transmitted through and irregularly refracted by the varied curvatures of the cornea, necessitates nearly a choreic action of the ciliary muscles. From this perpetual changing of focus, now for one part of the cornea and then for an other, fatigue of the muscles and pain in the eyes must soon be induced, even to the extent of making sunlight annoying.

This irregular shape of the cornea can be detected if the eye views a drawing similar to a clock dial, traversed by groups of black radiating lines of equal size and distinctness. By a well formed eye these groups of lines are seen with equal sharpness of outline and of the same degree of blackness. By an astigmatic eye some of these groups of lines are brought out much more boldly than others. While some remain black others of these black lines may appear gray and at times even red or blue; and instead of standing out boldly in the group they run together as if they were one solid line. The faulty lines are always at right angles to those most clearly seen. With the clock dial card if the lines running from 12 to 6 o'clock are brightest those from 3 to 9 o'clock will be most blurred. If those from 10 to 4 are the most clearly defined the blurred lines will be in the direction of 1 to 7 o'clock, and so on for any other series of lines. If a cylinder lens be selected, which will make the dull lines as bright as the clear ones, this peculiar eye-glass, when carefully set at the proper angle, will equalize vision, and will remove the discomfort which the use of the eyes had formerly produced.

The ordinary spectacles, worn by the masses, are called spherical lenses, being sections of a sphere or ball. Such are the glasses worn by near-sighted and by old persons. The peculiar glasses which correct irregularities of corneal refraction are called cylinder lenses, because they represent a slice of glass taken from the length of a round bar or cylinder. The spherical and cylinder glasses bear the same relation to each other as would an open umbrella to a wagon top. The cylinder lens has, as it were, a ridge pole over which the curvatures of the lens are made, while the spherical lens curves in all directions from a central point. In the use of cylinder glasses the ridge pole or plain surface is always set in the direction corresponding to the clearest lines of the clock dial, and the curved surfaces of the lens are put necessarily in the direction of the blurred or discolored lines of the dial. Such cylinder glasses alone can give rest to the weary muscles in astigmatic eyes, for without them these irregularly curved eyes can not secure rest except during sleep.

A very useful law can be laid down for the guidance of physicians in the treatment of their eye complaining patients, viz. that headaches which come on with the use of the eyes and which disappear during the rest which a night's sleep brings to the weary eyes, do not usually depend upon gastric, hepatic, cerebral, or uterine troubles, as is so commonly believed.

When school girls from 12 to 18 years of age complain of eyes and head aching, after hours of close application, and are not annoyed in this way during vacations or times of eye rest, inquiry is yet made by the family physician concerning the menstrual functions. Any tardiness in the appearance of this discharge, or any deviation in its amount or frequency from what the physician has established in his own mind as the normal, is deemed too often a sufficient and satisfactory explanation

for all the head and eye discomforts. According to their theory when the monthly discharge becomes regular the head and eye troubles will disappear; but permanent relief does not come as was expected. When young men complain of these identical symptoms of eye pains and headache after hours of study I sometimes wonder why from professional habit, their menstrual functions should not be also inquired about, for the same explanation might as truthfully be accepted for them.

In this connection I will also say that these eye-headaches disappearing after sleep have their origin neither in malaria nor in a bilious derangement, notwithstanding the fact that these terms are used every day in connection with them by patients and physicians. Neither quinine, calomel, morphine nor pessaries will prevent this kind of eye headache, although building up the system in feeble persons will help the eye muscles and relieve them. The careful adjustment of proper glasses, by correcting the painful muscular effort, alone will cure them. Rest is a very frequent prescription with physicians for such painful eyes. It will quiet temporarily the pain, but what permanent good can it possibly secure? When upon the use of the eyes the headaches, and when painless heads are made painful by reading, with very few exceptions, it is the abnormal curvatures of the cornea which causes the eye and head pains. How can rest bring about a correction in these faulty curvatures. Might as well expect rest from walking to make a shortened leg grow to the length of the other, as to expect a shorter curve in one direction of the cornea to grow out to the dimensions of the other longer meridians by resting the eyes from reading or sewing. We can readily see the absurdity in the leg suggestion, and yet many physicians do not see that the expectations from the eye rest is equally preposterous.

How many thousands in this country today are impatiently and uselessly resting eyes that pain when put to near work, when a pair of properly adjusted spectacles will correct the evil?

Nearly every day I restore some restless patient to his work who had sought in vain relief from eye pains in rest: or I assist some ambitious person, who having acquired an enviable start in life, feels that his painful eyes have become barriers to further study and prospective promotion. Daily by the use of properly selected glasses I cure headache often of years duration, and which have resisted every species of medication. In so doing I have often been able to satisfy anxious patients that their brains, stomachs, livers, kidneys, or uteri, have been accused wrongfully of producing the headaches, and that these have ever been innocent and healthy organs. The following remarks I have frequently heard from patients to whom I had recently prescribed astigmatic glasses. "For one week, ever since I put on the spectacles, I have been free from headache, and it is a freedom that I have not had before for years."

Although most astigmatic eyes cause headache and eye pains, if the eyes are much used in fine work, especially by artificial light, I find cases of faulty refraction from astigmatism in which headache is not and has never been an annoying symptom.

In some astigmatic persons a strong muscular development enables them to conceal the corneal irregularity. Should any disturbance of the system temporarily weaken this muscular power, the eye muscles, along with the other muscles of the body are weakened and unable to keep up their work, then are pains induced. If it be a bilious or gastric disturbance its temporary influence over the muscles is mistaken for the actual cause of the headache, when it is only the indirect cause, permitting the latent trouble to become manifest. If the astigmatism did not exist in a concealed form there would be no headache on use of the eyes during these general disturbances.

Again in nervous persons, especially in females, I have found great suffering about the head and eyes, clearly traceable to a small degree of irregular refraction, and promptly corrected by the constant use of carefully adjusted cylinder lenses.

The report of a case with which I will close this paper is one of unusual severity in effects, although a high degree of astigmatism did not exist. Such extreme discomfort as this lady suffered is fortunately not often found. The case is also peculiar from the length of time that she suffered before her eyes were suspected of being the source of the trouble. In this age of diffusion of medical knowledge by means of many medical journals, physicians are on the alert to distinguish eye headaches from the headaches caused by other organic disturbances, and usually at an early day, invoke the aid of the specialist in eye diseases to remedy the evil. In her own case several years elapsed in testing newspaper remedies for headache, having lost faith in physicians from her earlier medical experiences. The case, however, will illustrate the efficacy of proper glasses in relieving even years of suffering.

Mrs. F., aged 38, the mother of several children, has been a martyr to headaches since childhood; and during the past 13 years, since her married life, has been often nearly crazy from them. Any close eye work, continued for even a short time, would send her to bed with a raging headache. On an average she has spent one day out of every week in a dark room, and that has been kept up for months at a time. If she felt bright and applied herself to complete any piece of needle work, so necessary with a growing family, she never failed to pay the penalty in severe head and eye suffering. When she came first to my office, she frankly told me that she had come because she had been advised, not that she expected any benefit, for she had no faith in any curative agent whatever, having years since exhausted them all without finding any relief. She gave me this very clear history of her case. "Dr. A——, has always been my family physician and in him I have every confidence. Having in my early married life exhausted his skill in vain attempts at relieving me of suffering, he gave up treating me for these headaches many years ago. Under his advice I had consulted Prof. B——, you know him to be one of our leading practitioners. He acknowleged that I had a good family doctor, but thought that something might have been overlooked, and that he hoped to find me a remedy. He varied his medicines, as one after another failed to procure me relief, and finally he advised a visit to the Sea Shore. I spent six weeks at Cape May, and while there rested my eyes from all work, eschewing both reading and sewing. I returned home with body invigorated by the salt baths and was free from pain. As soon as I commenced using my eyes in sewing all the old distressing symptoms returned. My family physician and friend, seeing me in some of these terrible attacks, advised me to consult another physician Prof. C——, who you know has the reputation of being a very skilfull physician. He had me under his professional care all Winter and Spring. Summer found me no better. Any use of the eyes in sewing or reading sent me to bed with twenty-four hours of suffering before me. He finally advised a course of mineral waters and sent me to the White Sulphur Springs of Virginia. There I spent two months which improved me much in health. In the Fall I returned to Baltimore looking and feeling well. A very few days of housekeeping showed me that the long rest at the springs and the drinking of sulphur waters had brought me no permanent good. My head at times ached as badly as ever."

"I now despaired of ever getting relief, because I had sought the best medical advice at my command and all to no purpose. Some of my friends, in their anxiety to see me cured of the daily suffering, advised me to try Homœopathy. I accepted the suggestion and sent for Dr. D——. He examined carefully into my case and said that he could cure me. With these assurances from the new physician, my feeling barometer at once went up, and my future prospects brightened. I entered actively into the course of medication mapped out by him. I took his mixtures hour by hour, for days and weeks, my faith growing unfortunately less and less with the monotony of the dosing. Finally as my headaches were not mitigated even by the long continued treat-

ment, I gave up all hope and dismissed the homœopathic physician."

"I felt that my case was now beyond medical cure, and I became despondent and rash. In my anxiety to secure relief I have tried anything that any one would suggest. I believe that during the last six years I have taken every quack remedy warranted to cure headaches that I could hear of, as published in the newspapers, and my many friends have kept me well supplied with this kind of information. Recently I have heard how Miss E—— has been cured of constant headaches by wearing glasses, and my friends have suggested that I have my eyes examined. On the principle that, in my desire to escape this bodily torment, I have been willing to try every treatment that has been brought to my notice I have come to have you examine my painful eyes, but I must tell you candidly that I expect no benefit, and have given up all hope of obtaining relief."

Upon examination I found that she could read the finest print, but only for a few lines. Her distant vision was also acute. Fixing the eyes upon the clock dial trial card for a short time caused pain in the head and eyes and also induced a feeling of nausea. I found that she could clearly see the vertical lines of the test card, but only dimly those which were horizontally placed. I selected from the trial case a magnifying lens which would make these blurred lines perfectly clear, for each eye, and finding the corresponding cylinders adjusted them at the proper angle in a trial frame. These I placed before her eyes. To her surprise not only did all the lines come out with equal boldness of color and of definition, but she found herself able to stare at them without inconvenience. After she had worn the glasses for some, minutes, feeling great comfort from them I removed the frames when immediately the nausea previously experienced came on. The restoration of the glasses brought back strength of vision and comfort. I prescribed for her the proper cylinder lenses set at an angle of 180°, in spectacle frames to be constantly worn. So anxious was she to test these spectacles that on her way home from my office she called at the opticians and remained in the store while the glasses were being fitted to the frames which she had selected. When they were ready she put them on at once and sallied forth. Before getting home she found herself walking with a degree of comfort which she had not known for months.

The rapid improvement commenced from that hour. Her headache disappeared within three weeks by the rest which her eyes enjoyed from the constant wearing of the spetacles. Now she makes her eyes do just what she pleases. Her constant headaches are bygones, and are only remembered from the years of torture through which she had passed. Her face has become bright and free from care as her head is free from pains. Her relief by such apparently simple means, and without medicines, is called a miracle by her self, and is a marvel to her friends. No amount of rest without these cylinder glasses could have effected this cure from suffering. It had been thoroughly tested, and had been found as useless, as the many prescriptions with which during many years her body had been drugged. *Cylinder glasses alone could, and they have cured her.*

REPORT OF AN EPIDEMIC OF SCARLATINA.*

BY A. K. BOND, M.D., OF BALTIMORE.

In the following paper I present an account of twenty-five cases of scarlatina which occurred in my practice during the months of April, May and June, in the Home of the Friendles.

The epidemic was of the mild or regular type. All of the patients recovered. The location of the Home is healthful and the season of the year was such that full ventilation was possible.

The last epidemic in the institution occurred four year ago, affecting some fifty cases and causing death in four of

*Read before the Clinical Society of Maryland December 18th, 1886.

these, the type being much more severe than in the epidemic now described. I am told that in the Spring of 1886 three or four cases occurred all mild and resulting in recovery.

The children affected in the epidemic now reported, were white, between the ages of 18 months and 10 years. Two infants under one year of age were exposed, but showed no symptoms of the disease.

The origin of the epidemic may be explained in two ways. The child who was first attacked belonged to a class in school, and one of her class-mates had a short time before had scarlatina; but in this case the exposure must have occurred three or four weeks before the onset of the disease, and this I think is improbable. The other explanation which I consider the true one, is that the disease was conveyed by a piece of flannel, brought from a house in which scarlatina was present, although it was said not to have been in the immediate presence of the sick person. This flannel was handled by my patient during the week previous to the seizure.

In the early period of the epidemic strict antiseptic measures were taken. When the first case was brought to my notice (on the afternoon of the second day) the patient and her nurse were placed in an isolated room and no direct communication with the other inmates was permitted. Chloride of lime was freely used in the room, the discharges were disinfected, and at the door ways and in the halls were hung sheets a yard square dipped in a strong solution of carbolic acid. The smaller pieces of linen were washed in the sickroom, and the larger placed in hot water and carefully disinfected and washed out.

Sharp watch was kept for fresh cases, and six days later the second patient was brought in from the next room.

Eleven days later the third child was, taken and the nurse said that seven days before she had been compelled to go into the isolated room, in order to help the sick nurse. She said that she had not had direct communication on any other occasion, and that she supposed that she at this time carried the disease to the baby (case No. 3) whom she was tending.

These two cases then—case 2 and case 3 seem to have developed the disease six and seven days respectively after exposure.

When cases 5 and 6 came into the hospital from the lower floors of the building I began to relax the antiseptic precautions which had been maintained until this time and to rely mainly on ventilation and cleanliness for the control of the epidemic. I believe that the disease might have been confined to cases 1 and 2, if complete isolation had been possible.

As there had been an epidemic of mumps in the institution, just before the scarlatina appeared, I was interested in observing whether the patients in the two epidemics were the same, and whether the course of the scarlatina was modified by a previous attack of mumps in any case. In nine cases only is record made in regard to the matter. Three of these patients are said not to have had mumps. In one of these the scarlatina was well marked, in the two others very mild. Of the other six, four had just recovered from mumps, and one had had it a few months before. In these five cases the course of the scarlatina was normal, though in one the pharyngitis was severe. The sixth patient was in the third day of mumps when attacked by scarlatina. The swelling of the parotid glands continued severe as before until the 4th day of the scarlatina, after which date it is not mentioned. This patient is the only one in whom ulceration of the tonsils and suppuration of the lymphatics of the neck occurred. It seems, then, that the too diseases pursued their normal courses side by side, producing only a doubly depressing effect upon the patient.

Let us now sketch briefly the course of the disease in its various stages. As the severity of the initial symptoms varied so greatly in different cases, I have been compelled to take as the first day of the disease the first day on which the child was observed to be unwell, although in some cases the very first symptoms passed unnoticed.

Prodromus:—In three cases only was anything wrong observed during this

stage of the disease (except in those in which mumps occurred). One of these three patients had suffered from headache for some days; one had had a slight deafness; one an alternate flushing and pallor of the face a day or two before.

Invasion:—In eight cases nausea, either with or without headache was observed. In seven of these vomiting occurred during the first day, the eruption appearing on the day following. In only one of these did a chill occur.

In thirteen cases the first symptom of illness was the eruption with or without an amount of fever sufficient to attract attention of attendants.

The eruption was in thirteen cases distributed generally over the body, in nine cases was confined to certain localities, and in three cases there was no well-defined rash, but only the peculiar flushing of the face seen so often in scarlatina. In the nine cases where it was limited in extent, it affected the lower half of the body only in five, in one was upon the hands, in one upon the convexity of the elbows and knees, in one upon the upper and lower limbs, in one upon the shoulders, and in one the location was not recorded.

The eruption proper was a diffuse scarlet blush, with punctations of deeper red here and there, presenting little or no roughness to the touch, fading upon pressure, and becoming after a time confined to the punctations, as the general blush disappeared. The change to a punctate form occurred, in the few cases in which record was made of it, on the second and third days of the eruption. The duration of the eruption varied from one to seven days, disappearing in some cases so gradually that the exact date of its disappearance could not be fixed.

As complications of the regular scarlatinal rash, I have recorded only the appearance of sudamina in three cases, and in a fourth case of little circles of pinhead-sized dots of deeper red than the surrounding eruption, and similar to the rash of measles but not rough to the touch, which extended in clusters around the wrists.

Itching of the skin was not marked in most of the cases, possibly because unguents were freely used from the beginning.

Desquamation of the cuticle could not be found in eight cases. One only of these eight presented a well marked general eruption, the others having the rash on certain parts of the body only. In seventeen cases in which desquamation was found, it was *marked* in six, in all of which it began during the first week of the disease, in two others it was slight and occurred during the first week. In the remaining cases there was seen, during a month from the invasion, more or less desquamation, generally in parts where the skin is tougher and more exposed, but in none of these was any peeling seen before the twelfth day. In some of these there had been a well marked general eruption.

It was observed to begin in three cases, two of these quite severe, between the twelfth and twenty-first days, and in five cases between the twenty-first and thirtieth days. In these five the eruption had been slightly developed.

These facts seem to show that in cases of scarlatina when the eruption has been slightly developed, the changes in the skin which are the cause of the desquamation take place *quite as slowly* as in those cases where the eruption had been well developed.

If we are right in supposing that the skin is in an unhealthy state until desquamation has occurred, then we have an explanation of the fact that in mild cases of scarlatina the patients are so liable during convalescence to sudden disease of certain internal organs as a result of chilling the skin; the belief that in mild cases the body returns quickly to the normal condition, leading to neglect of necessary precautions.

The fever as shown by the clinical thermometer, generally reached its greatest intensity on the second or third day, decreasing gradually after the fourth day until the normal was reached. The temperature was taken daily in the more severe cases, and reached in none a greater height than 103.6° in the axilla. The respiration was not peculiarly affected in any case.

Out of twenty-four cases in which the

pulse is recorded, I find in eleven irregularity of the pulse at times between the fourth and twenty-ninth days; as often nearly in the mild as in the more severe cases. In two of these there was intermittent beat. There were no cases of disease of the heart among these patients.¶

I have observed irregularity of the pulse in several patients suffering from long illness, when it did not seem to indicate any change of importance in the patient's condition; yet the occurrence, in nearly one-half of the present epidemic, of this symptom, seems to indicate some peculiar influence of the scarlatinal poison upon the apparatus which regulates the beat of the heart.

The condition of the fauces was carefully watched. In fifteen cases, all mild, the fauces were clean throughout, with only a certain amount of congestion.

In a sixteenth case there were several vesicles, probably herpetic, on the tonsils. In seven cases there was a white deposit upon the tonsils, spreading in some cases to the uvula, but involving other parts of the throat in only one case, that in which ulceration of the tonsils occurred, to which reference will again be made.

In two remaining cases there was a whitish sub-epithelial infiltration of the tonsils or uvula, without any deposit upon the surface.

In five of the seven cases with exudation on the tonsils, the deposit was evidently due to slight inflammation of those bodies. It lasted only a day or two and was easily removed by mopping. In the two other cases, however, the severity of the throat trouble and the character of the exudation leads me to believe that a diphtheritic process was added to the scarlatinal. At least I can not clinically distinguish it from the diphtheritic process. In one of these, a boy of eight years, the exudation appeared on the second day, and continued until the tenth. It consited of a whitish deposit upon the surface with some whitish sub-epithelial infiltration about its base; the deposit coming away only in part when mopped, leaving a bleeding surface behind. In the other case, a girl of three years, the exudation appeared on the second day, and continued until the fourteenth. It assumed gradually a dirty white color, resisting the action of solvents and leaving behind, when partially removed, a whitish infiltrated surface. It finally disappeared leaving behind it a deep ragged ulcer on the inner surface of each tonsil, which proceeded slowly to heal.

The cases in which there was simply a whitish infiltration without exudation I find it difficult to class, as such infiltrations belong rather to the diphtheritic process, and yet there was not sufficient evidence of diphtheria to warrant the belief that it was present as a complication of the scarlatina. These two cases had strongly marked scarlatinal symptoms and so I judge that this infiltration of the superficial tissues of the tonsils and uvula must be considered one of the signs of simple uncomplicated scarlatina.

Nausea and vomiting, in those cases where it was present, occurred on the first day only, save in one case where it was observed on the 29th day, probably as a result of an error in diet. The appetite was as a rule good.

The respiratory passages were not affected, save in four or five cases where there was slight nasal or bronchial catarrh. There were no abdominal symptoms of importance.

It was my custom to make enquiries daily of the nurse in regard to the condition of the urine. In eleven cases I have no notes in regard to it, these eleven cases being all mild.

In nine other cases, including that in which suppuration of the glands of the neck occurred, the condition of the urine is stated to be normal but no tests were made. In six cases, some of them very severe, it was tested for albumen by means of Heller's test with concentrated nitric acid. In one of these cases the test was made on one day only and showed no albumen. In the other five, all well marked cases, this test with nitric acid was used every day or two for a week or more during the sickness, and in one case only was a trace of albumen observed. This was upon the

9th day of sickness and could not be found next day. In this patient the disease was very severe and the prostration very great. In one other of these five patients a slight trace of albumen was found on the 29th day. He had apparently recovered entirely from the disease but was still kept in the house, when, after drinking a quantity of water on this day, he was taken with vomiting. I found his face puffed, but no other dropsy. The urine was free, but showed as I have said, a trace of albumen. Hot drinks and hot applications were used, and next day he was well again.

There was no dropsy in any case except this, and in this case it was present only at this time.

I infer that there was no nephritis in any of my cases of scarlatina, as the slight albuminaria on these two occasions may properly be attributed to distubance in the circulation of the kidneys of short duration.

Beside the cases in which the disease of the throat became diphtheritic, complications occurred in only two cases. In one of these, a boy 8 years old, who had had a fully developed eruption, began on the 8th day to suffer with pain, apparently of a rheumatic nature, in the back and hands, accompanied by great prostration. On the following day the pain had moved to the lower limbs, and after a day or two it left him altogether.

In the other case, of a girl 3 years of age, the diphtheritic symptoms and resulting ulceration had passed away, when, five days later, the lymphatic glands below the left ear became swollen and painful. On the 8th day after this the inflammation resulted in the formation of an abscess, which was opened by an incision. The resulting wound healed slowly, and some days later a similar suppuration occurred about the lymphatics under the right ear, which was also treated by incision. The patient recovered slowly, without any further complications.

The treatment in the milder cases was very simple. The diet was carefully regulated. Hot drinks were given in cases of any sluggishness of the circulation of the skin. The bowels, which were as a rule regular, were carefully attended to. Whenever the urine seemed less than natural; a few drops of sweet spirits of nitre were given. The throat, in cases where it showed any deposit, was gargled well with warm water, this treatment being repeated every hour or two. In case the patient seemed to need a stimulation, whiskey or brandy was given.

The rooms were carefully ventilated and kept at a proper temperature.

The children were kept in the hospital until the end of the peeling stage, when they received a careful bath, and were removed to the convalescent room.

I gave orders to the nurses to provide each patient, at the time of leaving the sick-bed, with a broad flannel band about the abdomen, and to see that this was constantly worn.

With this slight amount of attention thirteen of the twenty-five patients passed safely through their illness to complete recovery.

In most of the other cases tincture of iron was used in varying doses as a tonic. In two cases cinchonidia sulphate was given, in both during convalescence. Carbonate of ammonia was administered in one case for slight bronchial catarrh.

In the more severe of the two cases with diphtheritic deposits, I tried first gargling with hot water followed by lime water as in the other cases, some of the lime water being swallowed at each time of gargling. On the 6th day I used the juice of a cut lemon, which seemed to have a better effect than the lime water upon the membranous deposit. When the ulcers appeared they were carefully cleansed and dusted with iodoform. In this case I used also crystallized chlorate of potash, giving the nurse a few crystals daily and directing her to put them into the child's mouth every half hour or so.

This drug is, I think, a very valuable agent in the treatment of such cases, but in my opinion great caution should be observed in using it internally in scarlatina, in view of the fact that recent writers have shown that in large doses it

has caused fatal nephritis in persons whose kidneys were previously apparently healthy. My records prove that it is not necessary to use it in the ordinary forms of pharyngitis with exudation occurring in scarlatina.

Enquiries made in the Autumn of 1886, eighteen months after the epidemic show that none of the patients since passing from under my care have exhibited any disorders which can be classed as results of scarlatina, and that they are all now as far as known, alive and in good health.

Society Reports.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING HELD DEC. 2, 1886.

(*Continued from last issue.*)

Dr. Joseph Price reported a case of

HYSTERECTOMY FOR MYOMA.

The patient had applied to Dr. J. R. Haynes on account of menorrhagia with hypogastric discomfort. Uterus about the size of a three months' gravid uterus. She became very much prostrated, and suffered from sciatica in the right leg. The tumor grew rapidly and seven months after first seeing her the tumor was found to extend from the umbilicus to the perineum, resembling in shape and position the gravid uterus at seven months. Two inches below the umbilicus and to the left a bruit was distinctly head. Fœtal heart sounds could apparently be distinctly heard beating 125 per minute, but they were synchronus with the patient's pulse. The lower portion of the tumor extended into the vagina almost to the perineum and resembled very much a fœtal head surrounded by a small quantity of fluid. The os uteri could be felt only with the utmost difficulty behind the center of the os pubis.

November 19th, Dr. J. Price performed abdominal section; before operation her pulse was 150 and temperature 100°. Six syringefuls of brandy were given hypodermically. The operation lasted about an hour. The patient slept well that night and improved in condition for a few hours, after which vomiting occurred, followed by great restlessness, and pain, and increased frequency of pulse. Peritonitis developed and the patient died at 7 A. M., about 31 hours after the operation. Post-mortem examination showed nearly a pint of bloody serum in the peritoneal cavity.

Dr. Price remarked that in reviewing the operation he felt that with one exception he had nothing to regret but he did regret that he had not introduced a drainage tube; his reason for not using it was the complete absence of bloody stain in the last abdominal washings; but it is his rule to use a drain whenever there have been adhesions to separate; he had three tubes in use in other patients at that very time; he feels assured that if he had used a drainage tube in this case the woman would have recovered.

DISCUSSION.

Dr. Howard A. Kelly considered the important error in this case was the neglect to insert a drainage tube, and gladly made this subject the text of a few remarks. Operators at large should by this time have reached a common understanding as to just how and when the drainage tube should be used.

In the *first* place, whenever there is any denuded area as large as the palm of the hand, or smaller if there be a tendency to weep, a tube should be introduced, and sometimes when least expected several ounces of serum will well up through the tube daily and the absorptive powers be saved a severe tax.

Second: Whenever in doubt use the tube; no harm ever comes from it when guarded with the antiseptic precautions now in common use.

His own plan is as follows: Pass all the silk-worm-sutures as if the whole length of the incision was about to be

closed, slip in the drainage tube (he prefers a stright glass one under ordinary circumstances) and run down the shot and close the wound to the tube, but the two sutures passing through the track of the tube are left long to be used after removal of tube. He then once or twice a day draws out all serum accumulated in the pelvis by means of a long nozzle uterine syringe; when all discharge has ceased, provided it has been but sweet clean serum, he withdraws the tube and running the shot down on the two unused sutures closes the wound perfectly leaving only a linear cicatrix instead of a deep pit at the lower ang'e to be filled up by granulation and a large plug of scar tissue; this is also safe after suppuration, provided all suppuration has entirely ceased.

He does not like Kœberlés clamp, which had been used by Dr. Price in this case, and considers it far more dangerous in every way than the elastic ligature. Sänger's device just announced combining an extra and intra-peritoneal treatment promises much and is certain ly destined to repeated trial.

Dr. Montgomery thought the case one of extreme interest in point of diagnosis and treatment. The pressure of the tumor on the ureters causes changes in them and also sacculation of the kidneys. He had operated in a similar case some years ago, and subsequent examination revealed sacculated kidneys and pus in one; even if no knife had been used, the patient would have died from the ether He thinks with Dr. Price that the drainage tube should have been used in his case.

Dr. Joseph Price remarked that he had no fear whatever of the drainage tube and thought it might be used in every case. Tait's rule "when in doubt use the tube" was a good one. Dr. Price made some remarks upon his method of using drainage tubes of glass using cot ton wick in some cases to remove accumulations of serum and to clear the openings of the tubes, using a sucking bulb with gum tubing to draw out fluid accumulations and introducing a smaller gum tube through the glass one before withdrawing the latter.

Dr. M. Price exhibited specimens from a case of

PYO-SALPINX

of gonorrhœal origin. Is pyo-salpinx not generally or always the result of gonorrhœa? His cases have, without exception followed attacks of gonorrhœa. Can such a sequel be anticipated and prevented?

Dr. Montgomery remarked that Dr. Nœggereth initated the idea of latent gonorrhœa as the cause of salpingitis and peritonitis.

Dr. M. Price remarked that his patients had been in robust health; they were generally women who had borne but one child and the labor has been followed by repeated attacks of peritonitis.

Dr. Longaker read a report of a case of

LAPAROTOMY FOR PYO-SALPINGITIS.

Maggie T., aged 33, was admitted to Lying-in Charity Hospital, November 13th, 1886. She had one child eighteen years before, after a difficult and prolonged labor. Unmarried and has a history of specific disease. During the last four years her periods have been accompanied by intense suffering and in the intervals she was never free from distressing aches in the pelvis. Lately she had used opium to some extent. In addition to the evident enlargement of the appendages on both sides the patient has a perineo-recto-vaginal fistule and a stricture of the lower end of the rectum. A diagnosis of pelvic cellulitis was made by him in this case two years ago.

Operation November 18th.—The left tube, a sausage shaped tumor and the ovary, a fluctuating mass the size of a walnut were easily removed; a small amount of pus escaped from the end after ligation but this was arrested by pressure forceps. The ligature was necessarily passed near the uterus,but owing to friability of tissues, troublesome oozing continued and delayed the closure of the abdomen. On the right side the ovary and tube formed a huge abscess the size of a goose-egg. It was impossible to

separate and remove this without rupture. It was filled with pus and altered blood, adhesions were dense and firm. There was also some oozing in this side but it gave rise to comparatively little trouble. The peritoneal cavity was irrigated with hot water, 1 to 5000 bichloride solution in sponges, abdominall walls sutured with silk over which was placed an impervious coat of iodoform collodion. Convalescence uneventful. She is now free from pain.

DISCUSSION.

Dr. M. Price inquired about the source of hemorrhage. He had seen serious hemorrhages due to the fact that the tube was cut by the ligature. He thought it important to tie straight across the tube and not obliquely. He ligates by double ligature and ties back. He considers it right to open up at once if hemorrhage is at all free; he does not think it right to trust to sponges and hot water.

Dr. Joseph Price had seen very free hemorrhage from adhesion to the bowels, large sinuses being laid open and pouring out blood. In several places he had used iron as a styptic.

Dr. Longaker explained that the hemorrhage came from opening up of the broad ligaments.

Dr. H. A. Kelly read a paper embracing

NOTES ON PALPATION OF THE FEMALE UTERUS,

which will be published in full with diagnosis.

Dr. Joseph Price read an interesting letter from Dr. Joseph Eastman summarizing the features of McDowell's early operations, showing how perfectly antiseptic his work was.

Dr. Coffee spoke of Dr. Sutton's work as being pioneer work. He gave up practice and went to Europe to work up this field.

W. H. H. GITHENS,

Secretary.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

REGULAR MEETING HELD DEC. 14, 1886.

IN MEMORIAM

OF THE LATE PROF. A. F. ERICH.

The President, Dr. W. T. HOWARD, in the following words announced to death of our late Fellow and Second Vice-President, Dr A. F. Erich :

Confrères: The sad occasion which calls us together does not pertain to the objects for which our society was formed. Only little more than a year has passed since we held our first meeting; and yet we are assembled to pay our heartfelt tributes of respect to the memory of one of our most able and eminent members. None of us thought when first we met that Professor Augustus F. Erich would be the first to pass away from Earth. He had but attained to the full development of his powers mental and physical, and had scarcely reached the meridian of his fame, when we were all shocked and surprised at the tidings of his sudden demise.

It was not my fortune to be intimately acquainted with Dr. Erich, either personally or professionally. We had seldom met in consultation. But I was well aware of his very considerable mechanical genius, of his marked originality, of his independence in thought and action, and that he was a bold and dexterous gynæcological surgeon. His professional career signalizes much that is eminently worthy of admiration and emulation. His early struggles were not encouraged and sustained by propitious fortune; his bold ascent up the cliffs of fame were made by his own manly efforts, and he never faltered on the way. He had made himself a noted figure, alike in the walks of the profession and in the estimation of the general public; and far distant years must roll away ere grateful memory in the wide field of his usefulness and toils shall cease to cherish and respect the many proofs of his unceasing devotion to duty.

The following resolutions were adopted by the society;

Whereas, It has pleased an ever wise Providence to suddenly remove from our midst our fellow member and associate, Prof. A. F. Erich, whose relations with us in scientific work were ever characterized with fairness, courtesy and ability.

Therefore, Be it Resolved, That we herein record our esteem and regard for our late fellow member, and present to the profession our high estimate of his earnestness of purpose and uprightness of character, our admiration of his energy and unflagging industry in scientific work, and our appreciation of his ability and zeal in the work of this society.

Be it Resolved, That we extend to Prof. Erich's family and friends our sympathies in this, their hour of affliction.

Be it Resolved, That a copy of these Resolutions be spread upon the minutes of this Society and that a copy, suitably engrossed and signed by our President and Secretary, be presented to the family of our late Fellow.

In seconding the above resolutions Dr. Geo. W. Miltenberger said:

Mr. President:

I cannot consent to be silent on this occasion, although it is almost a work of supererogation to add anything to what has already been said, here and elsewhere, of the unexpected and sudden loss to the profession and the public of our most worthy and respected confrère.

While knowing him for many years, there are many who have known him more intimately, and who have, therefore, spoken from a closer personal knowledge. We all know Prof. Erich was essentially a self-made man, a man of many traits and faculities to deserve and demand success. He was an honest man, an honorable gentleman, a wise physician, a skilled specialist, and faithful to the demands of his profession. In addition he possessed certain traits of character, not always found, and when found, most estimable.

He was, I believe, perfectly free from envy, and would not derogate from the just claims of others. He was not jealous of the advantages or successes of his colleagues, nor would he speak with heated breath, or lessen with faint praise the efforts of his juniors, but was ever ready to extend to them an encouraging hand, and to assist them in their endeavors. While a good and careful student and from his knowledge, fixed in his views, positive in his opinions and with the courage of his convictions, he was, as we all here know, never aggressive, but ever modest in his utterances, and free from that small folly, which we find in our profession, as in others, of deeming that dogmatism and self-assumption are evidence of knowledge or of wisdom.

The Purity of Mid-Atlantic Air.—In the course of an address on the Action of Micro-Organism on Surgical Wounds, Professor F. S. Dennis of New York states that during his last trip across the Atlantic he made some experiments to test the purity of the air about 1000 miles from land. He employed capsules of sterilised gelatine, and exposed them for fifteen minutes. One capsule was exposed in the state room upon the main deck of the steamer.

Within eighteen hours over 500 points of infection had developed. Two capsules exposed in a similar manner in a cabin on the promenade deck, where the circulation of air was free, showed five or six points of infection each ten days afterwards. A capsule exposed over the bow of the ship was found to be entirely uncontaminated. These experiments are on the same lines as those of Pasteur and Tyndall upon the mountain air of Switzerland, and, so far as they go, they show the germless condition of mid-oceanic air, and also the need for much more efficient ventilation in the state rooms of even the first-class American liners.—*Lancet*, Dec 11, 1886.

The Abuse of Milk Diet.—M. Debove showed a case the other day at a Paris medical society which demonstrated the possibility of pushing a milk diet too far. The man was of very intemperate habits, and had gastric ulceration, for which he was put on a milk diet in a country hospital. At first he took only about two quarts a day, but this quantity was gradually raised to eight quarts.

He became greatly emaciated, and was found to have a stomach enormously dilated. The milk was reduced to three pints, and powdered meat added, the stomach being washed out every day. Under this he rapidly improved, scarcely any splashing sound being audible over the epigastrium after meals.—*Lancet.*

MARYLAND MEDICAL JOURNAL

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BALTIMORE, JANUARY 1, 1887.

Editorial.

A RETROSPECT OF THE YEAR.—The year 1886, which has just been brought to a close, is remarkable rather for the universal activity in medical investigations and for general progress than for any single important discovery or confirmation of any special scientific research. All over the civilized world busy men in science have toiled with energy and enthusiasm, and whilst we can point to no new fact which will mark the past year as one which will represent an epoch in the history of time, it is safe to affirm that such work as has been done during the year has enlarged the field of knowledge and produced results which will ultimately lead to vast good to the human race. To one who has closely followed the literature of medicine during the year the activity of the scientific mind is most apparent. If experimentation, discussion and laborious literary effort mean anything, the year past has not been listless and inactive. The year will show, we think, a larger number of medical publications and a greater increase in book-making than previous years. This by no means should be taken as an index of the highest order of original work, but it represents industry, zeal and enterprise. The aim of all this activity been good, and time must determine the value of whatever progress has been made.

The direction which the medical mind has taken in original work during the year is unmistakable. On every hand, and in almost every country in which original work could be conducted, the problems connected with the germ theory have been of paramount interest and importance. The study of bacteria has been so wide-reaching and absorbing in its grasp upon the student and investigator that it alone has contributed the great bulk of earnest work and zealous investigation. The influence of specific bacteria in the causation of diseases has obtained such prominence in the scientific mind that it is difficult to foresee the vast wealth of results which is likely to follow from the work which has been done in this field during the year. From our present standpoint it is safe to say we have scarcely entered this field of investigation, and we obtain, as yet, only a glimpse of the bountiful harvest which is awaiting to be gathered in by many laborers.

At the beginning of the year the attention of the scientific world was concentrated upon the labors of Pasteur in rabies. The year closes without a confirmation of this distinguished investigator's theories. As yet Pasteur has not demonstrated to the satisfaction of disinterested observers, if he has done so to his own mind, that a prophylactic method of preventing rabies has been found. In the meanwhile his investigations are continued, and it is but fair that this question should, for the present, be held *sub judice*. We should earnestly hope that Pasteur has success within his grasp, rather than discredit the value of the effort he is now putting forth.

Turning from the field of bacteriology, the greatest progress made during the year has probably been in surgical work. The close relation which surgery sustains to bacteriology is now clearly shown. It has been said with eminent wisdom that "the keystone of modern surgery is expressed in the word antisepis." The advance in modern surgery began when this principle of antisepsis infused its vital power into all surgical methods and procedures. Surgical methods of to-day are not what they were ten years ago, simply because all that is best in surgery has been liberated

from the terror and danger of deleterious influences.

Whatever this principale of antisepsis be, whether it resides in cleanliness or in the use of germicides, the fact remains that through its influence surgery has been raised to the proud position it now occupies. The year just passed has witnessed a lower death-rate in important surgical operations and a gradual extension of surgical exploits into new fields. We have to note the excellent results in cerebral surgery, recorded by Mr. Victor Horsley, in England, the increased skill which has followed the use of the knife in the surgery of the kidney, and even more brilliant results following surgical procedures on the intestines injured by gun-shot wounds. In general abdominal surgery the year's progress has been exceedingly encouraging, showing a more favorable death-rate and a wider application of the surgical art.

In general medicine we are able to record no advance in any one special direction, but may note the increased interest manifested in specific diseases and the attempt which has been made in different directions to show the influence of bacteria in the causation of specific affections.

In materia medica and therapeutics the antipyretics have been studied with marked interest, and hypnotics have not been devoid of attention. Among anæsthetics cocaine has maintained the lead. The discovery of the subcutaneous use of this drug in local anæsthesia has greatly enlarged its field of usefulness to the surgeon.

Apart from the general advance which has been made in our knowledge of the medical and allied sciences we should note the general interest which has been manifested in educational and sanitary matters, and in all of these questions which bear upon the general good of the profession and of the public. Whilst we can point to no single illustration of this statement, we firmly believe that every year marks an advance in higher medical education and requirement and that the standard of the profession in this country is being gradually raised. We are not so optimistic as to assert that we have arrived at anything like perfection. There are many and grievous faults in our methods of education and of medical practice which demand attention. With the growth of medical thought and culture, and with an improvement of our systems of medical organization these matters will in due time be reached and will be corrected. The medical profession of our country is subject to the same laws which govern our social and political development. As the one progresses so do the others. We have no need to be ashamed of the one more than of the others. They are the institutions of a free, industrious and high spirited people, who are now dealing with problems and ideas as new and as rich in hidden wealth as the vast mines which underlie their soil. As a nation we have shown our ability to exist and to prosper under a form of government which is as humane as it is enlightened. As a profession we are a part of this grand scheme of energy and progress. We should refer with just pride to past achievements and press forward with renewed vigor to the future.

Miscellany.

How to Treat Hæmorrhoids by Injections of Carbolic Acid. — Dr. Charles B. Kelsey thus summarizes in the *New York Medical Journal:*

As far as I have been able to reduce treatment to a matter of rule the results are as follows:

1. Use only the purest crystallized carbolic acid, the purest glycerin, and distilled water in the preparation of the solutions. Each, when prepared, should be perfectly colorless and clear the acid being in perfect solution. The glycerin is added to the solution of carbolic acid in water in just sufficient quantity to make a clear fluid, and the amount is not important. As soon as a solution begins to assume a yellowish tint it should be replaced by a fresh one.

2. Use only the finest and most perfect hypodermic needles and a perfectly working, clean syringe with side

handles. After each injection when the syringe is put away, clean it thoroughly to be ready for the next time.

3. The treatment may be applied to every variety of internal hæmorrhoids, no matter what their size. It is not applicable to external hæmorrhoids, either of the cutaneous or vascular variety, both of which may be treated by better means.

4. Before making an application give enema of hot water, and let the patient strain the tumors as much into view as possible. Then select the largest deposit five drops of the solution as near the centre of the tumor as possible, taking care not to go too deep so as tc perforate the wall of the rectum and inject the surrounning cellular tissue. The needle should be entered at the most prominent point of the tumor. If the hæmorrhoids does not protrude from the anus, a tenaculum may be used to draw it into view. After the injection has been made the parts should be replaced, and the patient kept under observation for a few minutes to see that there is no unusual pain. The injection will cause some immediate smarting if it is made near the verge of the anus; if made above the external sphincter, the patient may not feel the puncture or the injection for several minutes, when a sense of pressure and smarting will be appreciated. In some cases, no pain will be felt for half an hour, but then there will be considerable soreness, subsiding after a few hours. If it increases, instead of disappearing, and on the following day there is considerable suffering, which may not perhaps be sufficient to keep the patient on his back but is still enough to make him decidedly uncomfortable, it is a pretty good indication that a slough is about to form. For the reason that it is impossible to tell absolutely what the effect of an injection is to be until at least twenty four hours have passed, it is better to make but one at a visit and to wait till the full effect of each one is seen before making another. If on the second day there is no pain or soreness, another tumor may be attacked, and this will often be the case.

5. The strength of the solution must be regulated by the nature of the case, and in my own practice varies from five per cent. to pure crystallized acid. In a large, vascular, prolapsing tumor, which is well defined and somewhat pedunculated, five drops of pure acid may be used with the expectation of producing a circumscribed slough which will result in a radical cure. A thirty three per cent. solution under the same conditions will probably produce consolidation and shrinkage without a slough, but the injections will have to be repeated several times. A small tumor which protrudes but slightly, is not pedunculated, and can be seen and felt as a mere prominence on the mucous membrane, may be cured by a single injection of a five per cent. solution, which will cause it to become hard and decidedly reduce its size, while an injection of a fifty per cent. solution might make considerable trouble, the remedy being too powerful for the disease. Guided by this principle, some experience will soon determine the choice of the solution. There is no arbitrary rule which can be applied to every case. As in any other surgical operation, some will be more satisfactory than others, and an occasional accident must be expected; but, on the whole, it seems to be the best method of treatment yet devised.—*New York Medical Times.*

Disease of the Ear Dependent Upon Catarrhal Disease of the Nose.—The results of inflammation in the nares and naso pharynx are easily divided into the acute and the chronic. The acute inflammation soon passes on to exudation, the exudate consisting of the blood plasma with leucocytes. Generally, however, after such an acute inflammation, the mucous membrane returns to its normal condition. At all stages of a catarrh, however, there is a swelling of the mucous membrane which leads to obstruction of the nares and other passages connected with them, all of which are temporary in acute forms. In the chronic forms a permanent thickening of mucous membrane in the nose, Eustachian tube, and middle ear ensues.

In adults, and also in some children, the earlier and simplest effect of a cold

in the head upon the ears and hearing, is a slight stuffed sensation in one or both ears, with subjective buzzing, singing, or pulsating sounds in the ear, and in some instances, an alteration in one's own voice and in the hearing. This may be at first a hyperæsthesia, or it may be a slight impairment in the auditory sense. These symptoms may all pass away as nares get clearer, without any treatment. But these simple phenomena, in and about the Eustachian tube and middle ear, may become intensified. The stuffed feeling may increase, itching and pain may pass from the back part of the nares into the ear, and an acute otitis media catarrhalis may be developed, with decided impairment of the hearing.

These phenomena may also gradually subside by a form of resolution, in the course of three or four days or a week, leaving at most a stuffed and crackling sensation from the hypersection in the Eustachian tube and the middle ear. Gradually these products may be absorbed, the tissues may reassume their normal tenuity, the hearing may be re-established, and the attack forgotten, without any special treatment. These cases may also pass into the *chronic* form.

Treatment.—Cold water must not be allowed to enter the external ear of any one with a tendency to aural inflammation, and snuffing water into the nares, for purposes of cleansing or hardening the tissues and keeping off colds, must also be prohibited. If, in spite of all precautions, coryza is contracted and the naso pharynx and the ears become affected, the first care should be to protect the body by housing, and the treatment may be briefly defined as diaphoretic and antiphlogistic. The diet should be plain and light. There is no more fallacious aphorism in popular medicine than "to feed a cold." The patient's mind must be disabused of the idea, so widespread in the community, of "breaking the cold" with quinine. Next to the high-feeding fallacy, in the treatment of colds in the head, comes the quinine treatment, largely carried on by patients themselves. The sudorifice and anodyne treatment can be best carried out by the use of Dover's powder, the bromides, hamamelis, gelsemium, and aconite.—*Medical News.*

The Treatment of Rheumatism in the Massachusetts General Hospital.—Dr. Francis Ninot usually employs in the treatment of acute articular rheumatism, ten grains of salicylic acid or fifteen grains of sodium salicycate, for an adult, every hour, or every two hours, until the pain and fever abate; after that, at longer intervals according to circumstances. If there be indications of endo- or pericardial complications, sinapisms are applied, followed by fomentations, and quinine is given in two grain doses, three or four times daily. In cases of suspected cerebral inflammation ice is applied to the head, with opium, chloral hydrate, aconite, etc., internally. The affected joints are simply wrapped in cotton wadding. Purging is avoided.

The diet during the acute stage consists chiefly of milk and farinaceous articles. Wine and other stimulants are ordered according to the degree of prostration. The patients are kept in bed at least a week after all pain and swelling have subsided, and the temperature and pulse have fallen to the normal standards.

In the more chronic forms of articular rheumatism, reliance is chiefly placed on quinine and iron. In all cases care is taken during convalescence to prevent fatigue, exposure to cold, and errors in diet.

Accouchement During Hypnotic Sleep.—In the *Wiener Med. Wochenschrift* a case is mentioned of a woman whom Dr. C. Braun succeeded in rendering unconscious during labour by throwing her into a condition of hypnotic sleep; the uterine contractions were particularly painful. They were equally violent during the period of unconsciousness, but the intervals were some-what longer; dilatation of the passages took place in the most satisfactory manner, and delivery was speedily accomplished. The placenta was expelled into the vagina, and was easily withdrawn with the hand. On awakening, the patient did not com-

plain of pain, and afterwards slept naturally for several hours. One of the most interesting features of the case was that the uterine contractions induced contraction of the abdominal muscles without awakening the patient. Hæmorrhage was very slight.—*Brit. Med. Jour.* Dec 11, 1886.

Medical Items.

Sir Andrew Walker, Bart., has announced his intention of presenting a sum of £15,000 to the Liverpool University College in commemoration of the Jubilee year.

The diuretic action of mercury salts is, Mr. F. S. Locke believes, due to its stimulating the liver and increasing the amount of urea thrown into the blood by that organ.—*Ex.*

Dr. Julian J. Chisolm, Professor of Eye and Ear Diseases in the University of Maryland has accepted the presidency of the Section on Ophthalmology in the International Medical Congress, to meet in Washington in September, 1887.

The tenesmus of dysentery or diarrhœa, or the vesicle tenesmus of cystitis may be very much relieved by placing a pillow under the buttocks and making the patient lie upon his back, in such a manner that the parts are thus raised somewhat higher than the other portions of the body.

The Lancet records the death, on the 4th of December, of Dr. Alfred Wiltshire, at the early age of 47, and will publish in an early issue an obituary notice of the deceased, who held several professional appointments and was a voluminous contributor to various medical and scientific publications.

Dr. Sollace Mitchell, who graduated with first honors at Bellevue Hospital New York City, and served two years in the Bellevue Hospital as house surgeon, has located at Palatka, Fla. Dr. M. had many inducements offered him to remain in New York City, but preferred to return to his native State.

According to Professor Vogel, plants do not always contain their characteristic alkaloids when grown under other than natural conditions. Hemlock does not yield coniine in Scotland, and cinchona plants are nearly free from quinine when grown in hothouses. Tannin is found in the greatest quantity in trees which have had a full supply of direct sunlight.

Dr. Norman Chevers, a well-known English physician, died on December 2nd, at the age of 68 years. Dr. Chevers was a member of the Medical Committee appointed by the Secretary of State for India to inquire into Professor Koch's discovery in connexion with the prevalence of cholera. He entered the Bengal Medical Service in 1848, and retired in 1876 as Deputy Surgeon-General.

The College of Physicians of Philadelphia will celebrate the centennial anniversary of its organization on Monday, January 3d. The President of the College, Dr. S. Weir Mitchell, will deliver a commemorative addrees at Association Hall, Monday evening, which will be followed by a reception. Tuesday evening, the President and Fellows will give a dinner at the Assembly Rooms of the Union League Club.

The "Antiseptic Shake" has become a well-recognized convention in the clinics of the city. The surgeon about to operate extends to his invited guest, not his hand, but his elbow, which is gently seized by the latter, a slight pendulum motion is made, the courtesies of the day exchanged, and then the quasi-anatomical relations cease. Thus it is shown that true courtesy is not inconsistent with micro-parasitical innocuousness.—*N. Y. Med. Record.*

A list of patent medicines, the importation of which the Russian Government has decided to prohibit, has recently been published. It consists of about 800 preparations of English, American, French, and German origin, the English or American numbering nearly 100. Pills, plasters, hair restorers, cough drops, medicated foods, ointments, and many miscellaneous preparations for a great variety of purposes are all classed together in one long medical *index expurgatorius.* The list appears to have been drawn up by a committee of Russian physicians, and even such remedies as taraxacum and podophyllin have been struck out.

The St. Louis correspondent to the *Philadelphia Medical Times* writes: The profession is improving rapidly here; men are working hard; more students are taking long terms of study, and many indulge in finishing touches; for that purpose the Post-Graduate School was started. The profession is improving in appearance and in social standing too. Years ago, a physician riding in a carriage or coupe was looked on with a little disfavor; now, however, the gentlemen with good practices all have carriages or coupes; it has gotten to be "the thing." In St. Louis, as in New York and Philadelphia, the better class of physicians have their offices at their homes, or, at, any rate, in the immediate vicinity; in fact, all strive to have them at their homes. Some of the offices are beautiful in apperrance and splendid in their appointments. The surgeons who formerly had "students" as assistants now have first-class men as such, rapid advances in education having demanded experienced and well-schooled assistants. Many of the larger general practitioners are acting similarly.

Original Articles.

SOMETHING ABOUT PASTEUR AND RABIES.*

BY CHRISTOPHER JOHNSTON, M.D.,

Emeritus Professor of Surgery in the University of Maryland.

Finding myself in Paris in September last, I put into effect my determination to visit M. Pasteur and inspect the practical working of his method of treatment of persons recently bitten by animals supposed to be rabid, as the dog and wolf. I had enjoyed the pleasure of his acquaintance in the year 1884, in Copenhagen, at the eighth session of the Periodical International Congress of the Medical Sciences.

Of course *La Rage* took a better hold of the admirers of the great Frenchman after they had seen and conversed with him. And so pleasantly too, for Pasteur is dignified, but also easy of approach, is gentle, not egotistical and is very much in earnest, besides being affable as well as fluent, for so his natural gifts and beautiful language have determined the matter.

Therefore I neglected the formality of a letter of recommendation and a request for privileges from the Ambassador of my country, a matter usually insisted upon; and on the 8th of September, 1886, I presented myself at the École normale supérieure, Rue d'Ulm, No 45, quite near the S. Side of the Eglise St. Genevieve, with my son, Mr. Benjamin Johnston, of Altoona, Pa.

Unfortunately for me, M. Pasteur was enjoying his holiday, and I was referred to the dispensary, Rue Vauquelin, No. 14, a short street springing from the Rue Claude Bernard, and quite close to the Hospice du Val de Grace, lying eastward of the garden of the Luxembourg and between it and the Jardin des Plantes. Here the work was continued by Dr. Grancher, an assistant; and there, upon my card, I was introduced to Dr. Roux, no relation, however, of the distinguished surgeon, Professor Roux, of 40 years ago, but a quiet, somewhat reserved and very intelligent young gentleman.

In the dispensary, Rue Vauquelin, several rooms are utilized. In one of them patients were received. Some were habitués presenting themselves for fresh inoculation, but the smaller number consisted of persons recently bitten by dogs; the former took their turn in the room for inoculation, whereas the latter were examined and the wounds dressed simply. All possible information was obtained as to the circumstances regarding the bite and the health of the attacking animal, and a record appeared to be kept of all the cases presented.

The number of patients of all sorts reached 84 the day of my visit, but it oscillates, of course. Besides patients, about a dozen strangers, M. D's., I suppose, witnessed the operations, of which the chief attractive centre was the inoculations which were practiced as follows:

On a table stood several test tubes containing a whitish fluid. This was veal broth charged with matter of dessicated spinal cord of a rabbit having died of rabies. The test tube was covered with a paper cap which was punctured by the needle of the hypodermic syringe used by the assistant, who then fitted the instrument and employed it successively upon persons under treatment. The assistant sate while doing his work; the patients chiefly continued standing, and received their dose in the abdominal walls. The doctors and patients seemed all in earnest, and gave evidence of the requisite faith which the condition of things, bite and treatment, demanded.

I noticed two assistants at work, and I failed to perceive that either of them changed his syringe during the séance whatever care he may have taken to purify it between the injections.

A short conversation with Dr. Roux led to an appointment to meet that gentleman at the École normale supérieure, Rue d'Ulm, at a later hour.

*Read before the Baltimore Academy of Medicine December 21, 1886.

Punctual to engagement I met Dr. Roux at the place indicated, and was shown into the labaratory where matters of the greatest interest may be observed. For it is here that hydrophobia daily kills its two rabbit victims, and daily also, is the material prepared from them for accomplishing "prophylaxis" in the human being. At a table sat a gentleman whom we may call the arbiter of fate, and he was about to begin a series of actions of which the last culminated in the inoculation of a supposed hydrophobic human patient. Two rabbits had just passed out of convulsions into death, and the virus of two exhausted nervous systems was waiting to be started upon its career.

"You observe," said the courteous operator, "the bodies of two animals which were inoculated six days ago. In that short time, with unerring certainty, symptoms of rabies will manifest themselves, become intense and early overcome the subject. But for fear that accident might misdirect the hypodermic needle and a sure and sufficient amount of material be not obtained two rabbits are employed, and become foci of the power transmitted."

"There," continued the speaker, "are jars and various tools all sterilized by heat, the glass vessels at a temperature of 150°C., 302° F., and the instruments by being held in the flame of a spirit lamp. The veal bouillion, the fluid used for attenuating the virus, was also sterilized at a temperature of 115° C., 239°F."

I was about to make inquiry when the gentleman interrupted me by saying, "I anticipate your question and act my reply to it. This rabbit has just died convulsed of rabies. I remove the encephalon and spinal cord with great care. I now tie a string at the bulb, sever the bulb above the ligature, and suspend the spinal cord by the threads in this sterilized jar at the bottom of which lies a quantity of potassa fusa. The alkali, greedy of water gradually exsicates the cord, which is set aside for future use. The bulb itself is reserved exclusively for the rabbits doomed to be the next victims."

And with that he sat down and employing small scissors curved on the flat he ablated a little portion of the floor of the fourth ventricle, dropped the excised piece into a test tube containing a half drachm of the vealbroth, and mixing the two thoroughly by means of a glass rod, the potential liquor was declared to be ready for use.

The operator next secured a lively rabbit to a bit of board adapted to receive it and, aided by a youth, who held a sponge, the assistant of M. Pasteur trepanned the skull over the occiput, and after the youth had staunched the blood by pressure of a sponge, the principal charged a hypodermic syringe with the envenomed broth and injected some ten drops under the dura mater of the left side. The wound was again sponged out and the integuments drawn over it and sutured; whereupon the animal was deposited in a basket to be set free in its cage.

Presently another rabbit was treated in the same way and similarly disposed of; but the interview was continued very obligingly by the operator who conveyed to me some interesting and essential information.

I notice, I said in addressing him, that you apply differently nervous material derived from the medulla and from the medulla spinalis. Pray adduce the reason for the discrimination.

Certainly, was the reply. The potential material obtained from the fourth ventricle of the brain is of such intensity that it is capable of producing in rabbits, after suitable inoculation, veritable "rage," of which the creature dies inevitably in six days leaving a nervous system all powerful to transmit the disease to others of his kind.

But allow me, I interrupted, may not the trepanning and subsequent state of the wound occasion death by meningitis and septicæmia.

Not at all, replied the former speaker, you have yourself seen two post-mortems of rabbits and may have remarked the entire absence of meningitis. Besides meningitis does not kill without such punctuality.

As for the spinal cord, that, tempered by frequent transmissions of the virus,

is alone employed upon human beings. And not that only, but it is never used when quite fresh in the beginning of the treatment of new cases. Thus inoculations with matter from a cord ten days after removal are first made, then the next day with that from a cord of nine days, then of eight and so on until the tenth inoculation, when the prophylaxis may be claimed to have been established.

For these inoculations the cord is subjected to the same manipulations as the bit of medulla which you have just seen me make use of, that is, successive pieces are ground up with sterilized veal broth, and placed in covered test tubes to be availed of in the dispensary in the Rue Vauquelin.

And again making myself a questioner I addressed myself to the speaker: Do you make no further disposition of the encephalon from which you have removed so small a portion?

None, whatever, except to destroy it utterly, for we hold it to be unsafe if carelessly handled.

And how comes it, then, that rabies is never induced in patients?

Ah! said the operator, and I think I distinctly understood him, the frequent transmission through rabbits so far modifies the poison as to render its employment safe, such as it exists in the spinal cord; but the virus residing in the bulb, particularly so, perhaps, at the point where the scissors are habitually applied, preserves an intensity which commands caution. We, therefore kill other rabbits with it.

A number of other inquiries presented themselves to my mind; but my interview having lasted a considerable time, my courteous host concluded it by inviting me to return. Whereupon I expressed my thanks to him and leaving my acknowledgements and adieux for Dr. Roux, I became again a small integral in the bustling population of Paris.

This account covers all the notable and essential features of the work done in the laboratory and dispensary of M. Pasteur excepting the record and statistics which are from time to time given to the world. Without, however, attempting an exhaustive analysis of the whole subject I would venture to point out some of the weaknesses as well as some of the strength of M. Pasteur's theory. In the first place, however surprising the effects of inoculation of rabbit upon rabbit after original canine inoculations, and the consequences of education upon the *virus*, whatever that is, there remains these facts that the virus is not isolable and is not associable with or referable to any anatomical forms. It is true that attempts have been made to fix upon certain microbes as the producers and transmitters of rabies, but, as far as I am aware, concurrence of pathologists has not been obtained upon this point. I cannot, it is true, affirm positively that *science* demands such association, but certainly analogy looks for some form which is or can be the vehicle of the lethal influence.

Whatever be the condition of the potential element it certainly and admissibly produces rabies in rabbits when procured from other rabbits, and kills the inoculated in six days. And it is very singular that Pasteur should have found rabietic energy focalized in the floor of the fourth ventricle, and traced its dilution down the spinal cord.

At this point we would pause and oppose an objection to the assumption of *prophylaxis* in the employment of the substance of dissicated spinal cords, obtained from rabbits dead of rabies, diluted in veal broth. It is not *prevention* which is undertaken, but *cure*, and a homœopathic cure at that, in the cases of all persons who have been fairly bitten really by a rabid dog, or other animal. After the bite there is no prophylaxis, but endeavor is made to arrest the consequences of the inoculation by the hair of the dog. After syphilitic inoculation there can be no *prophylaxis*, for the disease is there and effort is made to subdue or overcome the poison, not with the same virus diluted but with drugs. Pasteur, however, puts his "*mordus*" immediately under what is hoped to be curative treatment, yet with a result about which the world and he are at variance. But as the few are bitten by

rabid animals it follows that prophylaxis is really practiced upon the unfortunates who have not been inoculated through rabid bites. What effect the inoculation may have upon these persons we may not venture to declare, but those who know the history of syphilization, especially in the hands of Auzias de Turenne, may be pardoned for entertaining some apprehensions. Pasteur's inoculations in sheep were truly prophylactic, and would seem to have defended the hitherto unattacked animals from the ravages of the fatal baccillus of Anthrax.

There are two other points of which we propose to make brief notice at this time and they can be thus expressed: 1st. Does the system of Pasteur really save human lives? and 2d. Do animals, other than man of course, after having been subjected to virulent inoculation, escape death by treatment such as Pasteur institutes for human being?

With regard to the former it is highly improbable that we can arrive at the precise mortality by rabies among persons bitten by dogs. The condition of the animal is not always, is not commonly, understood because alarmed humanitarians immolate an offending canine, and if they do not a competent diagnostitian is not always at the front and to make examination. "The dog is undoubtedly mad," or "he presents all the symptoms of madness," have not the same value when uttered by different lips. And many people die after dog bites, accredited hydrophobics, who were innocent of having had true rabies canina. Still estimates are made and may be seen by the following cablegram to the *Baltimore American* and of date Paris, December 2d, 1886.

"Paris, December 2.—Dr. Colin, of Paris, read a paper before the Academy of Sciences to-day showing that the annual average number of deaths from rabies in France is twenty-six, and that since M. Pasteur began his course of treatment the same number of patients have died. According to the official statistics, the number of persons bitten by mad animals last year in France was 351, while M. Pasteur has treated 1,700 patients. Dr. Colin concludes that the Pasteur system is of doubtful efficacy, and he is alarmed for the results of virulent inoculation."

But it must be borne in mind that Pasteur treats people of all nationalties; and while this fact accounts for the excessive number of patients in need not affect the average death rate claimed by M. Colin.

As to the second interrogatory it may be asked why is the counter proof not applied to rabbits recently recipients of virulent inoculation?

This has already occurred to Dr. von Frisch's, of Vienna, a friend of Pasteur, who conducted a series of experiments upon rabbits inoculated by trephanation. He applied the so called prophylactic treatment of Pasteur, and noted cent. per cent. of failures. M. Pasteur afterwards did the same upon dogs, and with "partial success." But Pasteur simply refers Dr. v. Frisch's non success to the slow method of "vaccination" which he adopted, and insists that to insure success the operation must proceed rapidly: vaccinate the animals within a few hours, and then revaccinate. And he adds, further on,* "the success of the vaccination of animals, after the infection by trephining, depends on the rapidity and intensity of the vaccination.

We purpose not to be discursive in so wide a field, but remark that to the future labors of M. Pasteur and to time must be left the development of the truth that resides in the plans of M. Pasteur. Experiment will have to tread a difficult path, and researches will be unaided by any tangible form, for the *microbe* of rabies has not yet been discovered.

Of course modifications in many or most of the conditions affecting the vaccination will be made. Already, indeed, M. Pasteur as stated in a paper read by him at the Academy of Medicine, Paris, November 2d, 1886,* acknowledging the lesson taught him and Dr. Graucher by the death of three of nineteen Russians bitten by a mad wolf, subjected the sixteen remaining Russians to a second

Recueil de Medicine Veterinaire, 15 Nov. 1886.

*Reported in the the *Recueil de Med. Veterinaire.* Paris, 15 November, 1886.

and third treatment, pushing these with the freshest spinal cords, those, even, of four, three and two days. To these repeated treatments he insists must, very probably, be attributed, the cure of these sixteen Russians. And he continues, "I have modified the treatment by making it at once more rapid and more active in every case, and still more swift and more energetic for bites upon the face, or for deep and multiple bites in the naked parts."

"Now, in the case of face or head wounds, or deep of the wounds members, we precipitate the inoculation so as to reach promptly the freshest cords."

"The *first* day, we will inoculate, for example, cords of twelve, of ten, of eight days, at 11 o'clock, at 4 o'clock, and at 9 o'clock; the *second* day, cords of six, of four, of two days, at the same hours; the *third* day, the cord of one day old. Then the treatment is resumed: the *fourth* day by cords of eight, of six, of four days. The *fifth* day by cords of three and two days. The *fifth* day by cords of three and two days. The *sixth* day by the cord of one day. The *seventh* day by the cord of four days. The *eighth* day by a cord of three days. The *ninth* by a cord of two days. The *tenth* by a cord of one day.

Thus these treatments are made in ten days, each leading to the freshest cords.

If the bite shall not have cicatrized, if the persons bitten have delayed seeking treatment, it has happened to us, after intervals of rest of two or several days, to resume the same treatments, and to reach the periods of four and five weeks which are the dangerous ones for children bitten in the face."

"This mode of vaccination has been in operation for two months, with results so far favorable. Let it suffice for me as proof to place side by side, on the one hand the circumstances of the biting and of the inoculation of six children whom the simple treatment did not save; and on the other, those relating to ten children, as gravely bitten in the month of August last, and having received the intensified treatment."

"As it is unusual for the dangerous period to exceed, in children bitten about the face and head, a duration of from four to six weeks, I have confidence that these ten children are, henceforth, beyound the reach of rabies."

In other countries than France dispenpensaries have arisen, and the truth cannot long delay. Let us therefore endue our souls with patience.

ON THE STUDY OF NORMAL HISTOLOGY.

BY WILLIAM B. CANFIELD, M.D.,

Prosector and Assistant Demonstrator of Anatomy, University of Maryland.

In view of the advances made in the preparation, examination and study of morbid tissue in the last decade, every intelligent practitioner and student should feel obliged to pay a small amount of attention to morbid anatomy and pathological histology, in order to keep pace with the literature of the day. Of course, in the study of pathological histology the knowledge of a small part of normal histology is indispensable. To the average practical American medical student, however, the microscopical study of normal tissue seems so unpractical and time wasting, that it is either entirely omitted or left until the cares of a growing practice render such a thing impossible. Now the fact that this study is recognized as growing yearly more important, is shown by the erection of laboratories and buildings by those institutions so situated as to be able to bear the expense of such an undertaking.

How many older physicians, with the regret that they have little or no knowledge of histology (normal and pathological), argue that such a study is 'not' necessary to success in practice? This may be true, but how many students while studying, have no idea of their future career after graduating, and how many would not give much of their time for just such knowledge which in later life it is impossible or impracticable to acquire?

In the hurry of the ordinary two or three years' course of a few months each, the apparently practical branches only can be taught and studied with advantage. Clin-

ical medicine is insisted upon as the most important part of a student's course, and yet normal and pathological histology, the ground work of clinical medicine, is so often omitted. It seems only right therefore that every student should have an opportunity to take, in and as a part of, his regular work, a short series of practical lessons in normal histology, to be followed by a similar series of lessons in pathological histology. Thus could every under-graduate have an opportunity to test his adaptability and taste for a subject, which he could then follow up with much greater advantage and progress unaided.

It is very evident that every medical student before graduating should have a general idea, if nothing more, of the general microscopical appearance of *blood;* to be able to recognize the red and white blood corpuscles and distinguish them, important in the diagnosis of some forms of anæmia; as also to be able to detect blood from a medico-legal aspect. Again in regard to the different *parasites* whether animal or vegetable, the ability to distinguish them from tissue is by no means easy. As for the ever increasing importance of *bacteriology*, little need be said here. That the detection of the tubercle bacillus in the sputum is very important as an aid in diagnosis, and generally not difficult, is well known to those using this method. In *urinary analysis* the microscope is the greatest help to the physician. He may not be in the position to have his numerous samples of urine and other fluids examined by a friend or expert, but must rely on his own judgement. Here a knowledge of the use of the microscope coupled with a fair acquaintance of histology enables him to substantiate or correct his diagnosis in the disease of such important parts as the kidneys, ureter, bladder, etc.

Society Reports.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING, HELD DEC. 3, 1886.

The Vice-President, Dr. Samuel T. Earle, in the chair.

ELECTION OF MEMBERS.

The following gentlemen were elected to membership of the society: Drs. N. R. Smith, H. C. Ohle, H. E. Gale, Henry Rolando, Vernon L. Norwood, Henry M. Thomas, and B. C. Bressler.

Dr. N. G. Keirle reported a case of

CRYPTORCHIDISM IN AN ADULT.

It occurred in a robust adult negro of about 40 years of age. There were no external appearances that would lead one to suspect the subject to have been other than a male.

There was a penis of normal size and the scrotum was developed in accordance, but it did not contain testicles. This subject is said to have been the father of two children.

At autopsy (the man being drowned) there were found within the pelvis two apparently well developed testes, the one adherent to the bladder and the other to a loop of small intestine in such a way as to suggest the relation borne to the uterus by the ovaries. The vasa deferentia, seminal vesicles and prostate were all apparently normal. No spermatozoa were found in the seminal vesicles at the examination made 12 hours after death.

The testes measured in their long diameter 3 to 4 c.m., and in their transverse diameter about 3 c.m.

Microscopic examination of one of these testes, made by Dr. A. C. Abbott, showed a decided increase in the amount of fibrous tissue in the organ. This had proceeded to such an extent that the lumen of most, if not all, the tubules were diminished, and in many cases entirely occluded. The epithelium lining the tubes was likewise in most cases undergoing retrograde metamorphosis and in many places was entirely destroyed. These changes were so far advanced as to justify the opinion that a testicle in this condition could not possibly perform its normal functions.

The only conclusion to which Dr. Keirle can arrive, as explanatory of this condition, is that during intra-uterine life the subject had had a peritonitis, and that the descent of the testes was then

interrupted by adhesions formed at that time. So far as he is aware, this is the first case on record of the condition occurring in an adult.

Dr. Robt. Johnson, on referring to the cases that formed the subject matter for his contribution upon this topic, said in one of his cases, a stalwart, hearty man, with a reputation for amorousness, he was led *not* to believe in spermatozoa. In his examinations he failed to find them.

Dr. S. C. Chew then read a paper on

STROPHANTHUS IN DILATATION OF THE HEART.

Dr. I. E. Atkinson said at the time the drug was employed by him the circumstances were such as to prevent him giving it a fair trial, and in consequence its action was not so favorable as might have been desired. He was inclined therefore, to accept Dr. Chew's positive results in preference to the negative evidence obtained by him.

Dr. W. D. Booker asked if the drug is of value in the heart failure of diphtheria?

Dr. S. C. Chew has never tried it in these cases.

PHILADELPHIA CLINICAL SOCIETY.

STATED MEETING, NOVEMBER 26, 1886.

The Vice-President, Dr. CLARA MARSHALL, in the chair.

Dr. John B. Roberts reported a case of

RECOVERY AFTER ABDOMINAL SECTION FOR PURULENT PERITONITIS.

A woman, æt. 44, came under my notice with the following history: About eight weeks ago she was seized with violent pains in the abdomen, which pain has been constant ever since, with occasional griping and colicky sensations. There has been no vomiting, but for three weeks past she has been restricted entirely to liquid food, by her physician. There has been no chill. When first seen by me, she stated that some three weeks previously she had been seized with great pain in the abdomen during the night, and that about that time she had noticed in the left side of the belly a mass or tumor. I could get from her no definite history of the tumor, nor of any previous abdominal disease. Her health previous to the present illness, had been good. At the time my attention was called to her by Dr. Anthor V. Meigs, she had a temperature of over 102°, and a pulse of about 130. From the flushed face, the thighs flexed upon the pelvis, the considerable pain on palpation of the abdomen, and the adynamic condition, it was very evident that the woman was suffering from peritonitis due, in some way to this tumor.

Accurate examination was not practicable on account of the pain which it caused, and the woman's condition was too weak to permit any extensive or elaborate means of diagnosis being instituted the tumor was smooth in outline and apparently about the size of a fœtal head. A vaginal examination showed the uterus to be not much out of the normal position, although the fundus seemed to be tilted somewhat forward. My diagnosis made in a provisional way, was a cyst of the left ovary of, perhaps, several month's duration, which ruptured, allowing the contents to escape into the abdominal cavity. It was possible, of course, that the peritonitis was due, not to rupture of an ovarian cyst, but, to some other form of tumor, or to disease of the Fallopian tubes.

Under the belief that removal of the tumor and cleansing the peritoneal cavity of the contents of the tumor, which had been thrown into it, would afford the best chance of recovery, I was induced to call a consultation as to the propriety of doing an abdominal section.

Accordingly on the following day, with the consent of the other members of the surgical staff of the Pennsylvania Hospital who were present, I made an incision through the linea alba, extending almost from the umbilicus to the

pubes, and at once came upon a smooth tumor containing fluid. Puncture of this with the trocar evacuated some five or six ounces of very offensive pus. The intestines and omentum were adherent to the surface of this sac, which was evidently the rounded mass felt through the abdominal wall.

It was soon apparent that there had been a long standing inflammation involving the structures contained within the abdominal cavity. It was impossible to enucleate this large sac or cyst because of the matting together of all the structures, and the large amount of new tissue which had formed as the result of the inflammatory process.

Although great care was taken and a good deal of time consumed, I was unable, either by my hand or by means of a bougie introduced as an explorer, to determine the original site of the growth or the reason for the beginning of the inflammation. There were a number of similar sacs or cysts containing pus, whose walls were made up of adventitious tissue and the neighboring viscera. In fact all the contents of the left side of the pelvis were glued together by inflammatory adhesions and new formed tissue. As it was found impossible to remove all the new tissue or to tear up all the adhesions, I was content with scraping out the most accessible portion of the sac wall, evacuating the pus from the numerous other cavities, and with washing out the abdomen very thoroughly with a solution of mercury, containing one part of the salt to ten thousand of water. The abdominal wound, which was about five inches in length, was approximated by catgut sutures. Two rubber drainage tubes were inserted at the lower angle of the wound, and a dressing of iodoform and corrosive sublimate gauze applied.

The whole operation was done under the strictest antiseptic precautions, and the patient was then put to bed. For two days she received no food liquid or solid, being allowed simply cracked ice, and an occasional small dose of morphia and brandy. Subsequently she was given small quantities of milk and such easily digested food. On, and after the second day a solution of corrosive sublimate of the same strength as that used the time of the operation, namely, one to ten thousand, was used for washing out the abdominal cavity through the drainage tubes, but the upper position of the wound dressing was not removed. The temperature gradually fell to normal, which point it reached on the fourth day. At this time the upper portion of the dressing was removed for the first time, and complete union was found of the upper portion of the wound. Three weeks after the operation she was discharged, at her own request, from the hospital, although she had not yet regained sufficient strength to be able to move about the room. In fact we had kept her in bed up to that time fearing that the exhaustion of getting up might be deleterious to her. During the last of her stay in the hospital a portion of the incision re-opened superficially. At the time of her discharge the opening into the abdominal cavity appeared to be closed, though there was still a small superficial wound at the lower portion of the original incision.

This case of suppurative peritonitis, due to an unknown cause, cured by operation, is a good illustration of the recent advances in abdominal surgery.

Although I did the operation under the impression that the origin of the trouble was an ovarian cyst, I should have been willing to do so had I known the exact condition of the disease, because such encysted peritonitis, as this evidently was, with the symptoms present, was almost certain to be followed by death. At least this is the reasonable conclusion when we consider the condition of the patients temperature and pulse, and the fact that the peritonitis was so intense that her thighs were flexed upon the pelvis; I had, in fact, every reason to believe in a speedy termination of the case.

Operations upon the abdomen have recently been performed for so many causes with such a high percentage of success, that it seems to me probable that many cases of peritonitis, more or less resembling this one, can very successfully be treated by abdominal incis-

ion and an evacuation of the purulent contents of the belly.

My experience in abdominal section and suture of the intestines for stab wounds, and the experience of Bull, Hamilton and others in a similar treatment of gunshot injuries of the belly, together with my results in exploratory abdominal incisions, have convinced me that we are too ready to allow patients to die from intra-abdominal injuries. Ruptnre of the bladder, stab wounds of the intestines, gunshot wound of the intestines, traumatic rupture of the intestines, perforating ulcers of the stomach, and even perhaps, perforation due to typhoid fever should be treated in many cases by immediate opening of the belly and local surgical measnres.

This case is a contribution to the literature of the subject to be added to the many cases similarly treated by gynæcologists. General surgeons do not, I think, fully appreciate the advantages which are gained by imitating our gynæcological brothers in the adoption of active surgical treatment for abdominal injuries.

ADJOURNED MEETING, DEC. 17, 1886

The President, Dr. JOHN B. ROBERTS, in the chair.

Dr. Daniel Longacre read a paper entitled

SOME POINTS IN THE TREATMENT OF INFLAMMATION AND ABSCESS OF THE BREAST.

Fully convinced of the correctness of the principles of treatment of mastitis lately advocated by P. A. Harris,* in such an able manner, I at once determined to carry into practice his teaching. After a trial extending over some 18 months, and having, during that time, had unusnally excellent facilities for observation, I feel ready to advance an opinion as to its usefulness. To say that this is most favorable but partially expresses my feelings.

When a large class of patients continues to be daily treated in a manner so at variance with sound principles and logical conclusions based npon well known facts, no apology is needed for entering again upon the discussion of the subject.

If the methods so commonly employed in the treatment of these patients were harmless, and did not distinctly aggravate matters, they might be regarded with composnre. But the continued application of the child to an inflamed breast is quite harmful. So are manipulations, frictions, suction by means of pumps, shields and any measure calculated to remove the secretion from fear that if the distension be not relieved an abscess will form. Prof. Wm. Goodell is authority for the statement that gathered breasts do not occnr after still-born children.† This accords entirely with my own experience.

The liability of trouble at subsequent confinements, in women who have once suffered from this disease, is admitted. Yet most excellent results followed in two such cases where no attempt was made to use the susceptible organ. In both these instances the sound breast was alone used during the period of lactation.

Our positive knowledge of the etiology of mastitis has been advanced by recent studies and experiments of Baum. He says: "There is no doubt that the described organism, diplococcus, introduced into the cellular tissue has the power of reproducing itself, and by extension cause infiltration and suppuration."‡

It is to be hoped that more extended studies, than have yet been made, will be instituted in regard to the rôle of this micrococus. It may be the agent which finding its way into the lymphatics, by an erosion or fissure of the nipple, finally reaches the interlobular and interacinous connective tissue, there to develop to an alarming and destructive extent. The danger of mastitis in fissnre of the nipple is a generally recognized and real one, whether it be due to the microbe or not.

*Amer. Jour. of Obstetrics, Jan. and Feb., 1885.

†Amer. Jour. of Obstetrics, Jan. 1881.
‡Archiv. of Gynek., Vol. XXIV., p. 262, also Lusk—Science and Art of Midwifey, p. 717.

The intensity of the symptoms of mastitis usually depends upon the severity and extent of the disease. Its onset is distinct, with a decided chill or repeated chills, a marked elevation of temperature, and the presence of a very painful, swollen and tender area, in one of the breasts, the diagnosis is a very simple matter.

If nursing, at least upon the affected side, be at once interrupted, if all manipulations of the gland be interdicted, and if, in short, absolute and complete rest be secured, the disease will terminate in the large proportion of cases by resolution.* According to Winkel of 136 cases, in the Dresden Maternity, resolution took place in 91, or 67 per cent. I believe that even better results than this may be achieved.

If these correct principles are not followed the termination will be, in the majority of cases, suppuration, often lasting months.

It is but just to state that Lusk† and King‡ recognize the necessity of suspension of suckling from the inflamed breast. Still, both allow other manipulations equally, if not more injurious. The statement of Billroth* appears illogical, when he says: "I believe Roser is entirely right in assuming that milk retention is not a cause, but a consequence of mastitis." And then adds later on, "if the inflammation be in the gland itself, nursing, at least on the diseased side, is best suspended; but if the breast become much distended it is emptied by means of a breast pump." He is opposed to manipulation because it may increase the inflammation.

My experience has fully demonstrated that the bandage is capable of overcoming entirely the pain that might result from distension. This should be two and a half inches wide and twenty yards long. A bandage fourteen yards long will be sufficient, according to my experience. Some cotton or flannel, or what I have found particularly applicable, is the so-called Globe antiseptic wool. The only objection to the latter is its high price. By means of this material the inflamed breast is covered, and it is then closely, evenly, and in a sufficiently firm manner, enclosed by figure 8 turns of the roller. On the healthy side the nipple may be allowed to be exposed, if it be considered advisable to apply the child on that side.

Disagreeable pressure on the shoulders is avoided by interposing a layer of the wool. If, during the application of the bandage, the patient be repeatedly questioned as to its being too tight, disagreeable experiences, and too much pressure will be avoided. Still more complete rest may be secured if in addition to this the patient be confined in the dorsal position. Quinia, salines, opiates, are all of secondary importance to this principle of rest.

Since the adoption of this plan in the Lying in Charity the occurrence of abscess has been quite rare, though a number of cases of marked inflammation were encountered. In the service of my colleague, Dr. C. M. Wilson, the same plan is followed, and his opinion of its value is fully in accord with my own.

The general disturbance usually soon ceases, and the local condition improves. Usually the bandage is removed and reapplied on the following day. Occasionally it remains 48 hours. In from eight to ten days the disease has, ordinarily, completely subsided, and the breast is again used. Dr. Hiram Corson is a strong advocate of cold in this disease. He depends upon this for the removal of painful distension, and does not empty the breast by means of pumps or any other manipulation.*

The treatment of fissures of the nipple is also a very important matter. Much may be done to prevent their occurrence if before delivery accumulation and desiccation of secretions upon the nipple and areola be avoided by frequent bathing with warm water.

For slight conditions the tinct. benzoni co. has proved of much value. It is applied to the fissured surface after thorough cleansing. The use of the

Billroth-Handl. v. Frauenkrank, p. 15.
†*Midwifery*, p. 718.
‡*Obstetrics*, p. 307.
Billroth-Handl. v. Frauenkrank, p. 15.

Amer. Jour. of Obstetrics, Jan. 1881.

Needham shield is advantageous. In severe, and otherwise intractable cases, rest from lactation for a few days will accomplish a cure.

During the last year, both in hospital and private practice, I have had repeated opportunities for observing the results of inflammation treated by other plans. In all of these the breasts have been in various stages of destruction, honeycombed and riddled with sinuses and fistulous openings which have been discharging for months. The treatment of such cases is unsatisfactory unless very radical measures are adopted. It is surprising how extensive, from the onset, many of these cases are. I am convinced that if their true nature were more fully appreciated the result would always be much better.

Even when, as should always be done so soon as fluctuation or the presence of an œdematous and reddened area make it certain that suppuration has occurred, a free opening is made and a drainage tube used, the result is sometimes disappointing.

The relief is only partial and temporary, and in a few days the breast again grows very painful and in one or more places gives evidence of the formation of fistulous openings.

When this is about to take place the original incision of a half an inch should be enlarged, the finger introduced and the walls intervening between the various foci of suppuration broken down. In this way the entire extent of the disease is converted into a single cavity, and this under the influence of drainage, antiseptic irrigation and dressings is enabled to heal in a short time. A process which might continue a long time is thus terminated within the limits of a reasonable period.

It need not be wondered at, says Billroth, that these patients, after six or eight operations, lose all confidence in the doctor or in his art. The following conclusions are justified:

1. Milk retention is not a cause of mastitis.

2. Milk retained in an inflamed breast does no harm.

3. Any effort to remove the secretion increases the intensity of the inflammation by stimulating the functional activity of the gland.

4. The fundamental principle to be observed in the treatment of mastitis is *rest*. This will prevent suppuration.

5. In suppuration early incision, under antiseptic precautions, and drainage are to be strongly urged.

DISCUSSION.

Dr. James B. Walker said when mammary abscess threatens give at least *partial* rest. Fissurred nipples nearly always anticipate abscess, and these are due, often, to too frequent nursing during the early days of the puerperal state before lactation is established. Because of this it has become a habit with me to order the infant put to the breast every *four* hours during the first sixty hours after delivery, and after lactation is thoroughly established every *two* hours. Sore nipples indicate either an insufficient quantity or an improper quality of milk, and every alternate feeding should be artificial, thus giving the nipple *eight* hours rest instead of *four*. If a stinging sensation occur in the breast just as the child finishes nursing, give the breast partial rest by feeding the child artificially every alternate time and the pain will disappear. For the engorgement of the breasts, on the third day after delivery, at the beginning of lactation, I have used camphor stupes with great benefit and comfort to the patient.

Dr. Edward R. Stone was recalled to a patient ten days after delivery and found symptoms of threatened mammary abscess, he applied adhesive strips and gave the gland complete rest, in three days all bad symptoms had disappeared and lactation was resumed. For fissured nipples he has used a 2 per cent. solution of cocaine, carefully washing the part before the child is put to the breast; he has also used chloral and camphor with good results.

Dr. Clara Marshall mentioned a case of fissured nipples where she had used lead nipple shields with advantage.

Dr. Walker said that he had one patient who had fissured nipples, to wear

the Wansbrough lead shields during the intervals of nursing, the fissure soon healed.

Dr. Emma Barton has used lead shields in one case, result good; the shields were kept in a solution of boric acid while the child was nursing.

Dr. Amy S. Barton has used a solution of cocaine for fissured nipples applied on cotton, having the part carefully washed before the application of the child.

Dr. Mary Willits has used bismuth sub-nitrate in several instances with good results. In one case the fissure was very deep, giving rise to severe pain and considerable bleeding at each nursing. Various remedies were used without any benefit. On using bismuth and having the child to nurse through a rubber nipple, thus giving the part more rest, the fissure healed.

MARY WILLITS, M.D.,
Reporting Sec.

Reviews, Books and Pamphlets.

Kuthumi. The True and Complete Œconomy of Human Life based on the system of Theosophical Ethics. By ELLIOTT COUES. Pp. 123. Boston: Estes & Lauriat.

These works belong to a collection entitled *The Biogen Series* edited by Prof. Elliott Coues, the eminent Ornithologist, scientist and scholar, and published by the above named house. Five volumes of the series are already out.

They consist of concise essays on the live questions of the day and of historical research in Religion, Science and Philosophy.

They are prepared by the most eminent men of our time and therefore present the latest and most reliable information on the subject discussed.

The two here mentioned, being Nos. 4 and 5 of the series, are exponents of *Theosophy* which is attracting attention among thinking people.

Scribner's Magazine, which made its first appearance December 15th, is a new illustrated magazine of general literature. It is published monthly, is well edited, has a large corps of able and popular writers and costs $3.00 a year or 25 cents a copy.

The publishers, Charles Scribner's Son's 743 and 745 Broadway, N. Y., will aim to make it the best magazine of its class now published. They have made an excellent beginning and promise through the year papers on special subjects by specialists, as well as stories by H. C. Bunner, J. S. of Dale, Joel Chandler Harris, H. H. Boyesen, Miss Jewett, Miss Crosby, and many others.

The Forum, for December, maintains the high standard of excellence shown in the first volume, and continued in the first and second numbers of the second volume. The series on "How I Was Educated" is continued by President E. G. Robinson. W. S. Lilly writes about "The Present Outlook for Christianity." Prof. Ward broadens the way to success. Francis Minor gives woman the legal right to the ballot. Major J. W. Powell tells why we have earthquakes.

A methodist confesses, and Howard Crosby writes a letter to the people of New York.

This is only a part of the excellent mental food spread before the people of this country and Europe. Mr. Metcalf, the editor, is to be congratulated upon his wisdom in selecting such able contributors as well as they upon the excellence of their contributions.

A Text Book of Medicine. By ADOLF STUMPELL, M.D., Formerly Professor and Director of the Medical Polyclinic at the University of Leipsic. Translated from the second and third German Editions by Herman F. Vickery, A.B., M.D., and Philip Coombs Knapp, A.M., M.D., with editorial notes by Frederick C. Shattuck, A.M., M.D. New York: D. Appleton & Co.

In spite of the fact that within the last year or two so many excellent works on general medicine have appeared, we think there will be found a place for the volume before us. It seems to us rather more suitable as a text-book than as a reference book for the practitioner. The pathology of the book

is well done and embraces all the modern investigations in microörganisms. We might mention a good many articles that are too meagre, but the opposite error, that of making each subject a sort of monograph is so very frequent in the recent books that we refrain from any criticism.

The best part of the book is the section devoted to nervous diseases. The various affections of the nervous system are discussed in a very concise way, together with the most recent discoveries in neuro-pathology. The remarks on treatment are in general brief and somewhat unsatisfactory, and it is rather to be regretted that the translators did not include the formulary which is appended to the original.

The translators have done their work well, and the editor has made a number of important additions. Altogether the book is a very valuable contribution and compilation and will be useful both to teacher and practitioner.

Correspondence.

HIP-JOINT DISEASE AND PHYMOSIS.

ROCKVILLE, MD, Dec. 27, 1886.

Editor of the Maryland Med. Jour.

DEAR SIR:—Some years ago I saw in *The Lancet* an article in which the writer stated that hip-joint disease was due to phymosis, and that coxalgia was unknown among the Jews. Whether they were coincidences or not I can not say, but not only has every case of the above malady I have seen, in males, since reading the foregoing statement, been accompanied by a long and tight foreskin, but several cases of infantile paralysis also. My experience has been too limited to satisfy my mind on this subject.

Yours Truly,

EDWARD ANDERSON, M.D.

Abstracts and Extracts.

FATTY HEART.—Probably no disease sounds by name to the laity more terrible than fatty heart. That it is a well-recognized clinical condition, no one doubts. That physicians use the expression somewhat carelessly, is none the less true. It is possible for a person to have a fatty condition of the cardiac muscle and yet completely recover, as far as we can judge from his subsequent history. The expression—fatty heart is one which should not be used carelessly by medical attendants. Often patients get wrong and distorted ideas of their own maladies, and are thrown into a condition of despair and anxiety, from which they might easily have been free.

In a recent issue of the *Edinburgh Medical Review*, Dr. Milner Fothergill makes a sensible protest againt the indiscriminate use of the term under discussion, and shows conclusively how a process, generally pathological may be, under certain conditions, almost normal, and far from conveying an inference of permanent structural damage. In the uterus of the puerperal woman the process of fatty degeneration is the one by which the organ is restored to its normal state. After a continued fever the heart itself shows evidence of fatty changes, but they are only temporary. With the return of health these cardiac changes disappear, and the normal tonicity of the organ is restored. So also in anæmia, similar changes result. The heart-walls are weakened and the valvular orifices relaxed. There results a temporary incompetence at the valves, and another cause of murmur is added to that of the watery condition of the blood. A proper course of tonic treatment removes all this. Repeated hemorrhages induce the same condition, which is produced also artificially in animals by repeated venesection.

All these facts go to show that the condition of fatty heart is not necessarily an incurable or positively dangerous one. This latter element must be determined by the causative factors. Patients are told they have fatty heart, and this statement they often regard as their

death-warrant. They live, however, to disprove the prognosis of their advisers. If there are other signs of cardiac trouble —changes in vessel-walls, evidences of imperfect circulatory changes, and so on —the prognosis is grave indeed. But we should not apply the term "fatty heart" indiscriminately, with its general clinical significance, to all those conditions where there may be but slight cardiac changes. —*Med. Record*, Jan. 1, 1887.

THE EFFICACY OF COCA PREPARATIONS.—Dr. H. Liebermann, of Paris, says: "I desire to state for the benefit of my colleagues the results which I have obtained during my career as military surgeon by the use of *Vin Coca Mariani*. Briefly stated, I have used it with the greatest success in profound anæmia, resulting from long arduous campaigns in tropical countries, and in the gastro-intestinal irritation with loss of appetite and dyspepsia, which is such a frequent accompaniment of this condition. Two or three wine-glasses of *Vin Mariani* each day relieved the debility with wonderful rapidity. Mariani's wine is vastly superior to the wine of quinia, since the latter by augmenting the gastro-intestinal irritation interferes with alimentation, and consequently with repair, thereby aggravating the anæmia instead of ameliorating it.

I have also employed it in those cases of chronic alcoholism, fortunately rare in the French army, which follow the abuse of absinthe and strong liquors. Mariani's wine, while producing primarily a certain amount of cerebral stimulation, exercised a predominant sedative effect upon the nervous system. I have, moreover, witnessed the spectacle of hardened drunkards give up their pernicious habits and returning to a normal condition under the influence of this treatment.

I have also employed Mariani's wine successfully in the treatment of the tobacco habit. A few glasses of the wine taken in small swallows or mixed with water, were sufficient to replace both pipes and cigars, since the patients obtained the cerebral stimulation which they sought for, albeit unconsciously.

I have also employed it in chronic bronchitis, and even in pulmonary phthisis. Mariani's wine augments the appetite and diminishes the cough in both these conditions. When combating the cough I have given it mixed with water, a wine-glass of the wine to a tumbler of spring water.

Finally, I have employed it in the convalescence following typhoid fever with the greatest success, and this in cases where the irritability of the stomach was so great that no wine, not even Bordeaux, could be tolerated.

To recapitulate, I am convinced that Mariani's wine is the most potent arm, which can be placed in the hands of the military surgeon for the purpose of combating the sickness, infirmities and vicious habits engendered by campaigning and the hardships of military life. I will also state that whenever any other than Mariani's preparations of Coca were used, the results intended were not produced; quite the contrary; bad effects and even unpleasant complications were noticeable, and to this I call the special attention of the physician."

GALEN AND HIS WORK.—Modern science has been accused of an ignorant and irrational contempt for its early precursors. No doubt the excessive admiration in which these masters were held incurred the inevitable reaction; but now that both extremes have had their day, a far more enlightened and far higher estimate of their lives and work is steadily being formed. Galen is an example in point. After sharing with Aristotle something like despotic sway over the schools, and suffering with him the neglect and even odium meted out to dethroned monarchs, he is now restored to his proper place in the order of history and rehabilitated with the honors he is justly entitled to. In the words of a living master of inductive research, "it is is impossible too greatly to admire the really astonishing fidelity with which this early biologist adhered to the true methods of science. Many a worker of the present day would do well to take a lesson from the patient

and laborious diligence with which Galen applied himself to the accurate study of facts, and no less profitably might many of them imitate Galen in the caution which he displayed in the province of speculation. Regarded as a scientific genius, Galen is second to no man in history. It is certain that he was charged with true conception of scientific methods more fully than any of his predecessors, or than any of his successors, till within the last few centuries." It is one of the many causes of regret for the arrested labors of the Old Sydenham Society that the same office, so well discharged by the late Dr. Francis Adams for Hippocrates and Aretæus among the Greek physicians, was not extended to Galen, and that a faithful English version of at least his medical writings was not placed within reach of the higher order of students. German criticism has recently done signal service in reconstituting the text of these writings; and when this necessary work has been completed, let us hope that English scholarship will have preserved enough of the sound traditions of Adams and Greenhil to provide a new interpretation of the text so purified and established. Archæology has also made her contribution to the better understanding of the great physician of the Antonines, and has almost placed her finger on that spot in the Forum Romanum where the philosophic practitioner was burnt out of house and home in the disastrous conflagration under Commodus. Art, too, is thus enabled to give pictorial rendering to one of the most dramatic situations of science, and Alma Tadema might well be trusted to do for medical what he has so happily achieved for industrial and social antiquity.—*Lancet*, Dec. 11, 1886.

Recent Researches in Diuretics.—To what extent the Malpighian corpuscles and renal tubules respectively take part in the secretion of urine, is not yet accurately known, although the researches of Heidenhain, Nussbaum, and others, have added much to our knowledge. It seems likely that an investigation into the mode of action of diuretics will throw great light on the question, because a diuretic drug may act either on the Malpighian corpuscles, increasing the flow of urinary water, or on the renal tubules, increasing the amount of urinary solids, or on both structures. The great difficulty, however, in experiments on the kidneys in living animals, is that of estimating how much of the effect produced by a drug is due to changes in the circulation, or in the nervous system, which has an influence on the secretory activity of the kidney, as well as on the blood-vessels. Munk has, in his recent experiments, eliminated these factors by investigating the action of diuretic drugs on an excised kidney. The organ, after excision, was nourished under a pressure of 100 to 190 millimètres of mercury, by a stream of blood and salt solution through the renal artery. The drug was added to the liquid, and its effect noted by the amount of urine, collected through a cannula placed in the ureter. Before the addition of any drug, it was found that the amount of urine secreted in an hour varied from 4 to 24 cubic centimètres; that this was a true secretion, and not a simple diffusion, was shown by the fact that it contained a greater proportion of saline constituents than the circulating fluid. The addition of chloride of sodium, nitrate of sodium or potassium, caffeine, dextrose, cane-sugar, or glycerine to the circulating fluid, increased the secretion of urine three to fifteen times, the pressure remaining the same; while in the case of nitrate of potassium and caffeine, there was an increased rapidity of flow of the circulating fluid. Diuresis of this nature and under such conditions could only result, according to Munk, from a stimulation of the secretory cells of the kidney by the drug, a conclusion which, as regards caffeine, had already been arrived at by von Schroeder. An interesting result obtained by Munk was the appearance of hippuric acid in the secretion from the kidney, when benzoate of sodium and glycocol were added to the fluid circulating through the vessels of the kidney. As is well known, benzoic acid given to any animal appears as hippuric

acid in the urine; and this result has been supposed to be due to the action of the intact blood-corpuscles. But, in Munk's experiment, these were absent; hence he concludes that the transformation is probably brought about by the oxygen which is combined with the hæmoglobin.—*British Medical Jour.*, Dec. 11, 1886.

THE TREATMENT OF RHEUMATISM IN THE MASSACHUSETTS GENERAL HOSPITAL.—Dr. F. C. Shattuck uses a combination of the salicyl and alkaline treatment, with a view to—first, relief of the articular pain and swelling; and, second, the prevention of cardiac complications, the results of which are far more serious than are those of the inflammation about and in the joints. He finds that under the use of the salicyl compounds the joint pains and the fever yield more promptly and fully than under any other medication. Relapses, are, however, common; and it would seem that, though the patient is made much more comfortable, his stay in the hospital is but little, if at all, shortened. There are good authorities who maintain that this treatment tends directly to lessen the liability to cardiac complications; there are other equally good and more numerous authorities who maintain that it has no such direct action. That the full alkaline treatment has some effect in averting and curing these complications, rests on evidence strong enough to make us listen to it; and the stay in the hospital under its use is, if the statistics quoted by Professor Howard in Pepper's *System of Medicine* are reliable, rather shorter than under the salicyl compounds.—*Med News.*

MORBID SENSE OF RESPONSIBILITY.—People sometimes think that medical men are apt to look upon their patients as machines or as corpora vilia for their experiments. How very far this is the reverse of the truth is probably only known to medical men themselves. Indeed, the sense of responsibility is sometimes exaggerated to an abnormal or morbid extent, as shown by a very sad occurrence which, as we mentioned last week, has just taken place at St. Petersburg, resulting in self-destruction of one of the most gifted and esteemed surgeons there, Dr. S. P. Kolomnin, Professor of Clinical Surgery in the Military Medical Academy. He had to perform an operation on the rectum of a woman, and for the purpose employed cocaine anæsthesia; the patient died in a very few hours after the operation from cocaine poisoning; at least, that is what is considered to have been the cause of death, but no details have as yet been published.

The sad result took such a hold on the mind of the unfortunate operator, that though his colleagues did their best to reassure him, and to show him that the result should be ascribed to an accident such as most surgeons have occasionally met with, it was impossible to prevent him from considering himself the culpable agent in the woman's death. This so preyed upon his mind that he shot himself with a revolver on November 23rd.—*Lancet*, Dec. 11, 1886.

BINOXIDE OF MANGANESE IN AMENORRHŒA.—The effects of manganese in stimulating the menstrual flow, when its suspension is not due to pregnancy, have been fairly established by trials extending over nearly eighteen months. In the articles contributed to the medical journals on the subject, at the beginning of last year, ('85) the permanganate and the binoxide were both mentioned as possessing emmenagogue properties, but experiments have so far been made almost exclusively with the permanganate. In consequence, however, of certain disadvantages which are apt to attend the administration of this salt, unless several conditions are complied with, aided, perhaps, by theoretical notions as to the transformation which so unstable a body may undergo immediately after being swallowed, the binoxide, which is equally potent and less irritating, has latterly come into favor. Manganic dioxide, it is true, has been described as possessing no therapentical value; but it is conceivable that if its effects are limited, even approximately, to the menstrual function, they may have escaped the attention of observers, especially if, as is not improbable, their investigations were confined to men or animals.—*Brit. Med. Jr.*

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BALTIMORE, JANUARY 8, 1887.

Editorial.

THE INCREASE OF BACTERIA IN WATER.—The subject of drinking water as a medium for the dissemination of infectious diseases, is one that has received considerable attention at the hands of hygienists, and it is with much pleasure that we find work being conducted upon this topic that strikes at the foundation, and promises to solve the question whether or not water, that would be likely to be employed for drinking purposes, is capable of supporting organic life, that is, does it possess the material necessary for the sustenance and multiplication of those minute bodies that are now known to play such an important part in the production of disease. We therefore deem it important that attention should be drawn to the most prominent and practical pieces of experimental research that have been conducted in this line of investigation. We give below a translation of a review made by Prof. P. Baumgarten in the *Zeitschrift f. Wissenschaftliche Mikroskopie und f. Mikroskopische Technic.*

"Coincident with the paper reviewed on p.—the same theme was worked up by most approved investigators in the Emperial Health Office, [Berlin] treated from almost identically the same points of view. The inventigations were conducted in the main according to the methods perfected in the Emperial Health Office, according to which Bolton worked as is elsewhere explained, so that we need only refer to the review of that paper for the details. The only special point to be noted here, is that Wolffhuegel and Riedel used much smaller quantities of water for their plates than is generally the case. They used at first a small platinum loop, but for the subsequent experiments they used a capillary pipette graduated to 1-500 ccm. In case there were too many germs in 1-500 ccm. for a plate they add 5-500 ccm. of the water to be examined to 200 ccm of sterilized distilled water and then used 5-500 ccm of this dilution for the plates so that only 5-100,000 ccm. of the water which containedthe bacteria was used for inoculation. Specimens of the following sorts of water were examined: water from the Pake, hydrant water, (Tegeler See) and water from various wells. The experiments were divided into experiments with non-pathogenic and pothogenic organism as were those of Bolton. The behavior was studied partly on the bacteria already contained in the water and partly on pure cultures of equatic bacter a. For the latter, were selected those bacteria constantly found in the hydrant water in Berlin: 1. A short bacillus with motion which liquified the gelatine and produced green fluorescent colonies. 2. A short bacillus with motion which did not liquify the gelatine and produced a fluorescence outside and around the colonies (perhaps identical with Bolton's erythrosporus Reviewer). 3. A short bacillus with motion forming yellow colonies with liquification of the gelatine, 4. A short bacillus with motion, growing on gelatine without liquifying the latter and the superficial colonies forming a dull mother of pearl lustre. The pathogenic germs tested were anthrax bacillus, typhoid fever bacillus and cholera bacillus. In regard to the aquatic bacteria, the proper "water bacilli," the author came to the same results and the same deductions as Bolton. To a certain extent these striking experiments furnish a sort of complement and enlargement to Bolton's deductions, they treat more nearly the results which *agitation* of the water caused upon the multiplication of bacteria. They consider that agitation has an important effect, as shown too by the exhaustive experiments of Gaertner in the Emperial Health Office. but not to the extent which Howarth contended that the proliferation was very much effected even to suspension by violent agitation. On the contrary it is effected only to a small extent or even may at times be accelerated by it. For practical purposes of bacteriological examinat on of water for this reason too, the indication is so much the stronger to make the examination at the point of water supply and not after transporting the water a long distance.

There was not exactly the same agreement in regard to *pathogenic* germs as in the case of non-pathogenic in the two sets of investigations under discussion*. The authors found, namely, in opposition to Bolton that not only typhoid fever bacilli but especially anthrax were capable of *multiplication* in river water, well water and hydrant water under favorable conditions of temperature, and the latter increased even in unsterilized water, where the competition with the "aquatic bacteria" was not eliminated. Cholera bacilli it is true perished, or nearly, perished

Experimental Researches by G. Wolffhuegel and O. Riedel, (Arbeitem aus dem Kaiserlichen Gesundheitsamte Heft. 2, 1886, S. A.)

*The differences referred to may be well explained by the fact that the authors infected their water tests directly from gelatine or boullon cultures whereas Bolton abandoned this usual method and used strongly diluted suspensions of the germs in salt solution to infect with to avoid introducing nutrient material along with the germs. The observations and deductions of Bolton are there ore not at all weakened by the apparently contradictory results of Wolffhuegel and Riedel—Reviewer.

in unsterilized water in a very few days in Wolffhuegel and Riedel's experiments, but in *sterilized* drinking water on the contrary they showed first a diminution and afterwards a continuous and abundant increase; even after seven months there was an abundance of living cholera bacilli in the test tube. In distilled water, these authors found also a rapid death of cholera bacilli. It is worthy of note that the authors found a luxuriant growth of typhoid bacilli in *milk* and a lively and luxuriant reproduction for cholera too, but not quite to the same extent. These observations make this article of food a very well adapted medium for spreading cholera but especially typhoid fever at times in intercourse.

Cholecystectomy.—Langenbuch, of Berlin, who first performed complete extirpation of the gall bladder in the human subject, has just reported five additional cases with one death. He had previously operated five time with one death, resulting from a complication overlooked at the time of operation. Courvoisier has done the operation in one case and Thiriar twice, all three of the cases recovering. The record of the cases up to the present time is therefore thirteen cases with two deaths, a mortality of only 15.4 per cent.

In one of the cases reported by Langenbuch, two calculi in the ductus communis choledochus were crushed in order to make a free passage for the bile from the liver to the duodenum. One of the stones was easily crushed between the thumb and finger, but the other was harder and required the use of the blades of a dressing forceps. This is probably the first time that lithotrity was done in the biliary duct.

The mortality from the operation is small, but ought to be still further reduced.

Miscellany.

Intestinal Movement.—The investigation of the normal intestinal movements and the different modes by which they may be excited is very important from the standpoint of practical medicine, and Dr. Theodore Cash, in his recent research on this subject, has obtained results which are likely to prove of great value. His observations were made by means of a "Vella's fistula" in dogs: that is to say, by isolating a piece of intestine about one foot and a half long, and stinching both ends to the abdominal wall, while the continuity of the divided intestine was restored by ligatures and returned to the abdomen. An isolated piece of intestine, with its vascular, nervous, and lymphatic supply intact, was thus obtained for observation. The rapidity of peristalsis was ascertained with great nicety by travelling solid bodies, which recorded their motion on a blackened surface by means of a thread attached to a writing lever It was found that during hunger there were periods of complete quiescence of the intestine; and that after food regular movements set in, which fell to a minimum in four to five hours. The acts of swallowing, the administration of a small quantity of sulphuric ether (which caused salvation), and mental impressions as well as mechanical irritation of the wound, were also found to excite peristalsis. Exercise was also found to be favorable to peristalsis, which, in all cases, took place in the physiological direction. The results obtained by Dr. Cash confirm and extend what has been known from clinical experience of the exciting causes of peristalsis; and the exact knowledge obtained by the methods he employed will, no doubt, lead to an important investigation of the action of drugs on the intestine, and thus to a more exact and scientific administration of medicinal agents.—*British Medical Journal*, Dec. 11, 1886.

Hydrocarbons in Hypodermic Injection.—Dr. Albin Meunier has made a communication to the Société des Sciences Médicales of Lyons, to which the *Semaine Médicale* calls attention, on the use of vaseline as a vehicle for the hypodermic injection of different essences. Eucalyptol, menthol, essence of cubebs, of sandal, of copaiba and other substances may be so administered without untoward symptoms. It is said that these injections give rise to no local troubles and very little pain. For the drugs mentioned one part in five of vaseline is used after filtration repeated three times. For thymol the proportion is one in ten. It has also been found that

vaseline dissolves creasote, iodine, camphor, sulphide of carbon, carbolic acid, iodoform (when in previous solution with the essences), and even the alkaloids. For some of these the quantities given are as follows: iodoform, one to eighty; sulphide of carbon, one to fifteen; creasote, one to twenty; iodine, one to twenty; cocaine, one to fifty; digitaline, one to a thousand.—*Lancet*, December 18th, 1886.

Santal Oil in Blennorrhagia.—Dr. Litzel, of Munich, furnishes (*Allg. Med. Central-Zeitung.*, Nos. 76 and 78, 1886,) a somewhat detailed account of his experience of the use of santal oil and essence of copaibia, in the treatment of this troublesome affection. He at first gave this medicine with extract of coffee, but as at least half the patients showed extreme aversion to the drug, gelatine capsules were substituted, two or three capsules, each containing five minims of oleum santali, being taken three times a day. Of ninety-seven patients thus treated, four had gastro-intestinal disturbance; two of these had violent diarrhœa, and the other two, severe dyspepsia. Eructations and burning sensations in the stomach were often noticed in the rest, but the drug was persisted with. It should not be given on an empty stomach, One bad symptom, which occurred in five cases out of the whole ninety-seven, consisted in severe congestive pains over the kidneys. Louis Jullien, in his recent work on *Venereal Diseases* (Paris, 1886), speaks of this symptom, also of urticaria, as being not infrequent. Sandal-wood oil is much better tolerated than balsam of copaiba, and if pain in the liver should arise, it suffices to discontinue the drug, and order a warm bath. The use of about thirty minims daily is generally enough to give the urine a distinct odor of the oil. The capsules used were Grimault's, (Paris), and Paulcke's, (Leipsig). Both these makers sell the pure oil in their capsules. The general indifference and distrust towards sandal-wood oil is apparently due to the fact that owing to its high price, it is extensively adulterated with copaiba balsam and castor oil, so that the commercial oil often contains only a small percentage of the genuine oil. Dr. Hager gives the following test of its purity. "Genuine E. I. sandal-wood oil (.0980 specific gravity) requires, to produce turbidity, from four to five volumes of dilute alcohol of specific gravity .0889, added to a clear mixture of one volume of the oil, and two volumes of absolute alcohol (.0799 specific gravity)." Dragendorf's test is simpler; namely, a solution of one part of bromine in twenty of chloroform. When from ten to fifteen drops of this test are mixed with one of the oil, the color becomes a brownish violet, and later on dark blue. The pure oil is clear, light yellow in color, and very pungent on the tongue; it has a slight odor of copaiba balsam. The results of treatment were these: 1. Given in an early stage, the secretion diminished rapidly, and the pain on micturition ceased. This result happened in thirty-seven out of forty two cases. 2. If, after ten or twelve days, the oil be discontinued, the old symptoms reappear. 3. The best results were obtained when the oil was commenced in the third or fourth week of the gonorrhœa, together with the use of weak astringent injections. 4. Cystitis and gonorrhœal prostratis were always greatly benefited by the oil. 5. Cases of gleet did best under local treatment.—*Brit. Med. Jour.*

Urethan for the Insane.—Dr. Sighicelli has found urethan of service in certain forms of insanity, especially in mania. He ascertained also that while in most forms of mental trouble no additional effect was caused by an enlarged dose, in mania the intensity and duration of the sleep increased with the increase of dose. In dementia, idiotcy, hysteria, and epilepsy, the drug was of less service.—*Med. News.*

Medical Items.

Dr. Carl Friedländer, Privat Docent in Pathological Histology, in Berlin, has been granted the title of Professor.

Dr. Joseph Moeller, of Vienna, has been appointed by the Emperor professor of pharmacology in the University of Innsbruck.

Col. H. Kyd Douglas, of Hagerstown, Maryland, has consented to deliver the address before the graduating class of the University of Maryland in March next.

Wanted to hire for six weeks 2 or 3 good microscopes with a power of 30 to 350 diameters. Apply at the office of the MARYLAND MEDICAL JOURNAL.

Mr. L. G. Pitts, a medical student attending lectures at the College of Physicians and Surgeons in this city, died on January 3rd of acute gastritis. Mr. Pitts was 22 years of age. He was a native of South Carolina.

Dr. E. M. Seabrook, who was for years in charge of the South Carolina division of the famous Chimborazo Hospital located in Richmond, Va., during the late war, died on January 2nd. Dr. Seabrook was a native of South Carolina.

At a recent election Dr. J. B. Deaver was elected surgeon to the Philadelphia Hospital; Dr. Roberts Bartholow was elected neurologist; and Dr. W. H. Wallace physician in chief of the Insane Department.

At the residence of the bride on December 6, 1886, Dr. R. Sumter Griffith, of Anne Arundel County, Maryland, was married to Miss Annie J., daughter of the late Wm. M. Webb, of Calvert County, Maryland.

Dr. J. H. Douglas, of New York, who came into public notice in connection with the treatment of the late Gen. U. S. Grant, has gone South for his health and will spend his leisure in writing up the medical history of General Grant's case.

The Alumni Association of the Woman's Hospital in the State of New York, will hold its third meeting at the New York Academy of Medicine, on January 19th. A number of papers on Gynæcological subjects will be read. Drs. W. E. Moseley and Charles H. Riley, of this city are members.

From Turin the death is announced of the eminent surgeon, Fedele Margary, known far beyond the circuit of that city for his brilliant operations in its Ospedale di San Giovanni. At his funeral an *éloge* of him was pronounced by the senator, Dr. Bruno, who dwelt on his skill as an operator and his success as a teacher.

The Lady Medical seems to run to Nihilism in Russia, as she does to homœopathy in this country. A report says that eighteen female medical students have been expelled from St. Petersburg for taking part in a meeting which had been forbidden by the police. The female medical school has long been considered a nursery of Nihilists, and attempts have been made to close it altogether.—*Med. Record.*

The *Revue Scientifique* claim the first thought of the germ theory of disease for a Dr. Goiffon, who died at Lyons more than one hundred and fifty years ago He believed, in 1721, that diseases like a plague could be caused only by minute insects or worms, too small to be seen, perhaps, but nevertheless really existing. He also believed that the conveyance of infection could be explained by their activity and propagation.—*Med. News.*

A woman who fell into an unguarded excavation two years ago, and as a result lost one of her eyes, sued a town for damages, and a verdict for $10,000 was rendered. The town appealed the case, and on a second trial the damages were increased to $12,000. This was also appealed, but, by a recent decision of the Supreme Court, the verdict was sustained and $500 were added for the woman's counsel.—*N. Y. Med. Jour.*

A recent presidential decree in France, says *Science*, regulates the instruction in gymnastics in the *lycées* and colleges for girls. The instruction must be given by female teachers, who must have received a certificate of aptitude from the proper authorities. Such teachers are to receive from 1200 to 2000 francs per year each, and may be required to teach sixteen hours a week. They must teach at least twelve hours a week.

Officers of the Medical Society of the District of Columbia for 1887.—At the annual meeting of the Medical Society of the District of Columbia, Monday evening, January 3rd, officers were elected as follows: President Dr. Joseph Taber Johnson; vice presidents, Dr. D. S. Lamb and Dr. E. Carroll Morgan; recording secretary, Dr. H. M. Cutts; corresponding secretary, Dr. Thomas C. Smith; treasurer, Dr. C. W. Franzoni; librarian, Dr. J. H. Mundell.

Dr. Thomas J. Mays, from a study of the vital statistics of several large cities, finds that on the whole the deaths from consumption are less now than formerly, and that the present ratio does not differ greatly in the eastern cities in question. Thus, for Boston it is 15.50 per cent. of the total mortality; in New York (in 1875), 14.09; in Philadelphia, 14.00, in Providence, R. I., 15.43, and in Baltimore, 15.55. In 1885 the ratio was 14.5. Dr. Mays makes a plea for the establishment of a special hospital for consumptives.—*Med. Record.*

Dr. Adamkiewicz's new method of employing electricy in neuralgia, described in the Polish journal *Przelad lekarski* is an exceedingly effective way of applying electricity for the relief of neuralgia of various kinds. The apparatus he uses is a constant current battery, the cathode being a concave metal plate lined with electrical carbon, which is saturated with chloroform. This is then applied over the painful spot, and a current, weak at first but gradually increasing in strength, passed. One or two applications of this kind were found, says the author, sufficient entirely to relieve the severest cases.—*Lancet.*

Original Articles.

NOTES ON CHRONIC LEAD POISONING.

BY GEORGE J. PRESTON, M.D.,

Professor of Practice of Medicine in the Baltimore Polyclinic and Post-Graduate Medical School, etc.

During the past year a number of cases of chronic, or rather sub-acute lead poisoning have presented themselves at the Polyclinic Dispensary. No special interest was attached to the symptomatology of these cases; the attacks usually came on rather suddenly, the prominent symptoms being the characteristic umbilical pain, obstinate constipation, often a good deal of nausea, general neuralgic pains and the confirming blue lead line on the gums. The men all reported that their occupation was polishing marble. Upon visiting the stone yard, which is a very large one employing nearly two hundred men, the Superintendent kindly gave some information which was interesting. The blocks of marble, after being polished to some extent by machinery, are rubbed by hand, and to facilitate the process a polishing power is used, the composition of which is a secret, lead, however, being one of the chief ingredients. This powder mixed with a small amount of oxalic acid, is moistened slightly with water and sprinkled lightly over the stone which is then rubbed vigorously with a softer stone which the rubber holds in both hands. The workmen were under the impression that the lead gained access to the system by means of inhalation, though this I think improbable as the powder is sufficiently moistened to prevent any dust arising, and I was unable to detect any odor or vapor. The Superintendent who had been in the business for many years, and during a large part of the day in this room overlooking the work, had never been affected in the least degree. It also seemed improbable that the lead should be absorbed through the hands, which from the nature of the work became very callous. The fact that the probable ingress of the poison was by the mouth, was confirmed by seeing the men eating with their hands covered with the powder.

As they are paid by the piece and not by the day, they stop for their meals at different times and it has been found impossible to see that they wash their hands. A number were examined for the lead line. In all probability this is formed by the penetration of sulphuretted hydrogen gas which is generated by the decomposing tartar of the teeth, bits of food, etc., into the tissue of the gums which contains the lead thus forming the black sulphide. The view held by some writers on the subject that lead is deposited in the walls of the capillaries is probably incorrect, as the typical line embraces only the upper edge of the gum which is more or less free, and between which and the tooth material for the formation of the gas collects. Most of the men examined showed the line, especially those whose teeth were not well cleaned. Several, however, who had been at work for eight or ten years in the yard showed no trace of it, and their explanation was that they were very careful in brushing their teeth. A number of men had the blue line unmistakably present and had never had any evidence of poisoning.

An interesting thing was the apparent toleration of the lead. The evidence was fairly conclusive that after working a short while the usual abdominal pains would occur, and after persisting for a few days or weeks disappear and in many instances never return. There seems to have been very few cases of paralysis among them. One of the most interesting features of the cases which were observed at the dispensary was the excessive nervousness, amounting almost to a tremor; one man complained of this symptom, stating that he was unable to sleep, not so much from the pain but on account of the 'scared' feeling, and his mother said he was somewhat delirious at night, the slightest noise throwing him into an excited condition. The general pains almost universally complained of, were decidedly neuralgic in character, sharp, shooting, felt over the extremities and more over the chest. The urine ex-

amined was not found to contain any albumen, which is often the case; in regard to the test, put down in some of the books, for lead in the urine, by means of sulphide of potassium suspended in a linen cloth in the urine, I have found it unreliable and useless, for if the black stain, said to appear on the cloth, were present it would have to be washed off and tested for lead, having no advantage in point of celerity over the ordinary chemical analysis in which the lead is precipitated by any one of several acids, the precipitate washed, dissolved and a stream of sulphuretted hydrogen gas passed through the solution which gives the characteristic black precipitate of sulphide of lead, from which the metalic lead can be readily reduced.

The treatment adopted in the Dispensary cases was simply alternating doses of magnesia sulph. and iodide of potash; many of the slight cases were entirely relieved in a day or two. Sulphate of magnesia would probably be the best preventive to be used in shops where lead is employed, especially if, as in the case above, the lead is taken in mainly by the mouth.

A PRIMARY EPILEPTIC SEIZURE OCCURRING DURING AN OPERATION FOR HÆMORRHOIDS WITH THE CLAMP AND CAUTERY.

BY SAMUEL T. EARLE, M.D.,

Professor of Rectal Diseases in The Baltimore Polyclinic and Post-Graduate Medical School, etc.

Miss A. H., æt. about 36 years, white, unmarried, very hearty and robust; had never been subjected to nervous attacks of any kind; consulted me November 17th, 1886, with regard to the treatment of hæmorrhoids. On examination I found a large intermediate hæmorrhoid protruding from the anus. I advised its immediate removal, to which she consented, and after several hours returned to perform the operation. After inserting a solution of muriate of cocaine in several places around the anus with a hypodermic syringe, I waited about fifteen minutes for its anæsthetic effect, when I pulled down the hæmorrhoid with a pair of vulcelum forceps. As I was in the act of applying the clamp, but before I had crushed it, she was suddenly seized with violent general convulsive movements which were so strong, and so much more pronounced on the right side, on which she was lying, as to turn her over on her belly. She had opisthotonos, entire loss of consciousness for about five minutes, after which it gradually returned and seemed entirely restored at the end of fifteen minutes. Asphyxia; muscles of the lower jaw violently convulsed; pupils unevenly dilated after consciousness began to return; mouth drawn to the right side; speech decidedly thickened for some minutes after her return to consciousness; respiration very labored and at the heighth of the attack was arrested for some seconds; pulse very feeble; cutaneous surface decidedly blanched, where not purple, until after consciousness began to return, when it alternately became flushed and pallid; she now broke out in a profuse sweat. There was great prostration following the attack and a disposition to sleep.

Diagnosis.—An emotional epileptic seizure, caused by prolonged anxiety, the anticipation of the operation and dread of the necessary exposure. There were no hysterical symptoms proceeding or following it. The following day I removed the hæmorrhoid painlessly under the influence of muriate of cocaine by means of the clamp and cautery, without any recurrence of the unpleasant symptoms of the day before, nor the occurrence of any nervous symptoms whatever. She made a good recovery without having an unpleasant symptom, was about her room the third day after the operation, and out doors about the tenth day.

CONTRAINDICATION TO THE USE OF PARALDEHYDE.—Sommer concludes that paraldehyde ought not to be given to patients presenting atheromatous defects, and should not be employed in connection with alcoholic liquids. Eickholdt holds that the presence of vasoparalytic symptoms precludes the employment of paraldehyde.—*Med. Rec.*

SPECIMEN OF A STOMACH IN WHICH THERE HAD BEEN AN EROSION OF THE MUCOUS MEMBRANE INTO A VARICOSE VEIN NEAR THE CARDIA WITH HÆMATEMESIS.*

BY W. C. VAN BIBBER, M.D., OF BALTIMORE.

GENTLEMEN:—The specimen which is presented to you now, I trust may not be considered as devoid of medical interest. Similar specimens are so rarely seen in pathological cabinets, and, as a sequence, cases of disease similar to the one from which this was taken, are so uncommon in practice, that it may really be regarded as a singular chance that this one was obtained.

This specimen, so satisfactorily accounts for the prominent symptoms of the disease which existed, as well as for the death which ensued; the precise spot where the lesion might be found, was so accurately foretold before the autopsy; and the mechanism of the lesion, or the cause for its production, can be made so plain and interesting, that it may well merit some extended comment or explanation.

Besides this, the lesion itself, was so masterly demonstrated at the autopsy, and is here presented to you, so neatly mounted, that, to study it, with its history, and some of the details of the case from which it was taken, together with the prominent symptoms which the patient presented during life, may not be considered unprofitable.

I will therefore give a short account of what has been considered, with good reason, some of the initial causes for the production of this lesion. And as they embrace incidents in the private life of a well-known individual, they will be received here, no doubt, with the usual medical understanding.

Mr. J. E. O., æt. about 65; weight about 160 lbs.; by profession a comedian; symmetrically formed; general health robust; fond of athletic exercises; well skilled and practiced in the art of self-defence, in which he often engaged for his amusement. Besides these personal habits, he was much devoted to the luxuries of the table and the cellar, and never denied himself what he wanted.

In his profession, before the public, he often exerted much muscular power, and, in the decline of his life, added to his repertory, a piece which demanded an unusual degree of strength. He frequently complained of the effect which this exertion had upon him, but particularly complained, that his leading man in the play, who happened to be, in his last engagement, an amateur, did not give him the coöperation which a professional man could have done.

In the play, an altercation occurs with this man, with whom he has to grapple and overcome, and then carry him, a considerable distance, across the stage, and throw him out of a window. Night after night he complained of this hardship, and of the strain which this effort gave him.

After a long engagement, the last time this piece was performed, was at Providence, on the 21st of January, 1884. As soon as the performance was over he started for New York, and when near that city, in the train, he reached to the rack overhead to obtain a heavy parcel. Having secured it, he immediately exclaimed: "Something has broken in me!" and fell back on the seat in a fainting condition.

By a great effort he reached his hotel in New York, and then began to vomit blood. The next day he passed dark blood freely from the bowels.

Dr. Quackenboss advised the cancelling of his New York and Harlem engagements, but this he refused to do, and on the 1st of March, 1884, had a second hemorrhage from the mouth, and on the 1st of April following, a third one.

He then cancelled all future engagements, and came to his home near this city. His robust health was much impaired, but it was not until the 5th of August, 1885, one year and four months after the last hemorrhage, that he had another. This fourth hemorrhage also followed a severe muscular exertion. He then sought medical advice here, and his physician, finding thick tarry blood

*Read before the Baltimore Academy of Medicine December 21, 1886.

passing in the stools succeeding the hemorrhage from the mouth, and for other reasons also, suspected, and diagnosed, cancer of the liver, giving, of course, the most unfavorable prognosis.

The patient slowly recovered from the effects of this hemorrhage, and in a great measure, by careful management, regained robust health. The diagnosis of malignant disease was abandoned, after more than a year of manifest improvement; and he made then professional engagements for this winter.

About the middle of September last, 1886, he visited Charleston, S. C., on business of importance, and remained there some weeks. Whilst in Charleston he did not observe the same careful diet and quiet mode of life which had been his habit at home since August, 1885.

He returned from Charleston to his home on the 13th of October last, and on the 16th of the same month, after walking a long distance on his farm, he continued his muscular exercise on the porch of his house, by a prolonged series of gymnastic movements. Immediately succeeding this he had a most violent, indeed, it may be said, a most frightful hemorrhage from the mouth. The vomiting of blood continued for two days, and thick tarry bloody stools continued several days longer. The amount of blood lost was great, but he recovered from this attack also, and was warned by myself and Dr. Hocking, his attending physician, to desist from all such severe muscular exertions for the future. The remedies he took upon this occasion were principally gallic acid and lemon juice, which he found pleasant to the taste, and took quite freely. He continued these remedies for some time, and they may have produced some constipation of the bowels. Notwithstanding the advice he had received, on the 4th of December he repeated the gymnastic movements, and then strained hard upon the stool. This brought on a more frightful hemorrhage than before, so much so, that Dr. Hocking, during the night of the 5th was obliged to tourniquet his limbs, in order to save his life. He also gave large and repeated hypodermics of ergot, and, whether it was this, as Dr. Hocking suggested, or whether it was from great loss of blood, the patient became delirious and unmanageable on the night of the 6th, and died at 1.30 P. M. on Tuesday, the 7th of December. I was present at the time of his death, which was from coma.

The autopsy was made by Dr. Wm. T. Councilman, of the Johns Hopkins University, assisted by Dr. Claude Van Bibber, 48 hours after death. Besides these physicians, Dr. Robert Johnson and myself were present. The former attending physicians were invited, but owing to the violent snow storm of the previous day they were unable to attend.

Dr. Councilman's report of the autopsy is this:

Autopsy made for Dr. Van Bibber, Dec. 9th, 1886.

Body large, strongly built, well nourished, pale.

Abdomen prominent, slight icterus over entire body.

Subcutaneous fat well developed.

Little or no blood followed from tissues on section.

In both pleural cavities a considerable amount of bloody serum.

Left lung free from adhesions. The right, adherent by several old adhesions.

Both lungs emphysematous, slightly œdematous (most marked in right lower lobe.

Pericardium smooth, cavity contained a few c. c. of serum tinged with blood.

The heart of ordinary size, its valves normal. The heart flesh pale, soft and pliable.

In the aorta a few patches of atheroma. The intestines distended. Stomach very prominent and distended.

Liver about half its normal size, its surface covered with irregular deep fissures. The liver substance firm and fibrous. The left lobe of liver almost entirely atrophied. The capsule thickened and contained several firm, almost cartilaginous patches. A marked increase of connective tissue throughout the entire organ. Spleen three times

its normal size, its capsule thick, its tissue dense and fibrous.

Kidneys of ordinary size, contained numerous cysts, very pale, surface rough, cortex narrower than normal, the tissue dense and firm. All the portal veins distended; the coronary vein contained air.

Stomach and œsophagus contained considerable amount of dark fluid blood. Stomach dilated, its mucous membrane thickened. In the cardia near the entrance of the œsophagus immediately over the site of a large varicose vein there was a small opening in the mucous membrane, through which a probe passed directly into the vein and along this into the coronary vein.

Intestines contained dark fluid blood.

W. T. COUNCILMAN.

DECEMBER 9, 1886.

DEAR DOCTOR:—I enclose report of autopsy. I should suppose that a similar cause could be assigned for the previous hemorrhages. The dilatation of the veins was of course due to the cirrhosis. The hemorrhagic character of the exudation in the pleural cavities was also due to this. The case is particularly interesting in showing the exact source of the hemorrhage, and lends additional support to the view that no considerable hemorrhage from the stomach ever does take place without the erosion of a vessel. I will put the specimen up and leave it at your disposal when you wish to exhibit it. I hope you will publish the case as its importance certainly justifies it.

Very truly yours,

W. T. COUNCILMAN.

It now remains to show how the autopsy revealed the initial cause of the lesion, as well as the cause for the catastrophe, or immediate death. It would be inexcusable in me in this presence not to be brief upon this point, because the members of this Academy by recalling the anatomy of the portal circulation have no doubt already made the demonstration for themselves. The probe enters a hole, or rupture, in a large varicose vein, which leads directly into the coronary vein of the stomach. What produced the dilatation or varicosity of this vein, and its rupture?

Dr. Quain tells the combined result of the dissections of all anatomists when he says: "The vena portæ is formed by the union of the veins of the stomach, intestines and omentum as well those of the pancreas and spleen, and also those from the gall bladder. But we have an authority nearer home, one whose plain language is so singularly appropriate to this issue, that he can well speak for me. I now qoute from a small but interesting volume written for popular use by a professor in the Johns Hopkins University.

"All the blood which flows through the mucous membrane of the stomach goes straight to the liver before it reaches any other organ in the body. This blood of course carries with it whatever it has absorbed from the stomach. It is, therefore, not strange that the liver often becomes diseased from a man's taking alcoholic drinks. They cause a great over-growth of the connective tissue of the liver, giving rise to what is known as fibrous degeneration. The liver substance is crushed, and what remains is a shrunken hard rough mass, well-known to physicians as hobnailed liver. * * " A diseased liver, continues Prof. Martin, "cannot perform its duty, and many organs are in consequence ill nourished."

It is beyound question, therefore, that the nearest, the most direct, the strongest and most important, agent in daming back the blood in the veins of the stomach in this specimen and thus gradually expanding them until one finally broke or ruptured, was the impervious condition of the portal vein. But, if I should express the whole of my belief, as derived from this autopsy, and as to the lesion which was anticipated before it, I would say that the enlargement of the spleen also, was one of the causes, and a power, in the production of this effect. And I must give you my reasons for saying so.

Different from many physicians, and I might say also, from most special physiologists and anatomists, who are at variance upon this question, I have an individual opinion, whether right or wrong, concerning the true use of the spleen. It is not proposed to dicuss this question now and here, but, speaking in general terms, the doctrine which I

hold, is that the spleen is the equipoise to the human circulation, or, in other words, that the true use of the spleen is to preserve the equilibrium of the human circulation.

From this standpoint it is a reasonable proposition to make, that any system of fluid circulation subject to extreme variations, or, more particularly, any system of fluid circulation subject to as many strains as the human circulation of the blood, cannot be considered as perfect or safe without the intervention of a safety-valve. In the practice of medicine, even in this city, but to a greater degree in other places, where enlargement, softening and diseased conditions of the spleen are more common, it is found, that those individuals, who suffer in this way, cannot undergo much exertion. Indeed, if the spleen be softened, when the quickening of the circulation is greatly increased and long continued, there is danger of its rupture, and of a fatal result. I cannot but believe, therefore, that the specimen before us is, unfortunately, an example in point of this law to some extent at least. But let it be studied, as it deserves to be, with what knowledge and reasoning we can bring to bear upon it.

The report of the autopsy says: "Spleen three times normal size, its capsule thick, its tissue dense and fibrous." Evidently the organ was damaged.

The history of the individual shows that great strain, night after night, upon the circulation, was the rule, and not the exception. It further shows, that when violent muscular exercise quickened the circulation, the rupture of a vessel was produced, and never without it. It is certainly, therefore, within the scope of fair reasoning to associate the two observations in the relationship of cause and effect. But another point which may be of interest, is concerning the cause of the enlargement, and the otherwise pathological condition of the spleen. Was its structural disease, as revealed by the autopsy, most probably produced in the same way as the veins of the stomach were enlarged that is, by the daming back of the circulation from the obstructed rena-porta? Or, may it have been produced by a long residence in New Orleans and other Southern cities? I know of no means, at present, by which this point may be decided. Where two or more causes are offered to account for any specified phenomenon, it is a proper philosophy, it is said, to choose the one of which there is the greatest certainty.

Whilst engaged in attending this interesting case, in order to make its study as comprehensive as possible, other and rarer causes of disease were suggested and sought for in order to account for the singular and uncommon symptoms.

As the patient had traveled in many countries, including, I believe, Australia, Egypt, Mexico and California, it was thought possible that some entozoa or microbe not usually seen here, might be found in his secretions.

In this study, among other microbes, the Bilharzia Hæmatobia, which has been found in the portal and mesenteric veins, the liver and urinary passages, producing hæmaturia and anæmia, blood-clots and pyelitis, was sought for with all the means we could command. I am indebted to another member of this Academy, Dr. I. E. Atkinson, for kind assistance in this direction.

None of these microbes or entozoa were found, and then, after excluding the existence of malignant disease, a careful review of the whole case was made, and a written paper was given to Dr. Peebles, specifying the conclusions reached. In this paper, it was stated, that should the patient survive his physician, and an autopsy be made, there would be found, first, that the mucous membrane of the stomach and intestines would be found softened and degenerated; second, that a hole would be found in a vein of the stomach near the cardia; third, the liver would be found cirrhosed, the spleen enlarged, the kidneys slightly degenerated, and the other organs of the body sound and normal.

These conclusions were arrived at from the study of the case as I have presented it to you to-night. The propositions were distinct, and this specimen, together with Dr. Councilman's report, proves what was demonstrated.

Selected Article.

MEDICAL EXAMINATIONS IN LIFE INSURANCE.*

SOURCES OF ERROR IN TESTS FOR GLUCOSE.

A NEW ACID FOUND IN THE URINE, CAPABLE OF CAUSING A REDUCTION OF CUPROUS OXIDE, WITH AN ILLUSTRATIVE CASE.

The following paper, presented to the Baltimore Academy of Medicine at its meeting December 21st, by Dr. Frank Donaldson suggests sources of error in testing for diabetic sugar, which should command the attentive consideration of the medical examiners of life insurance companies.

"W. F., æt. 37 years, a native of the Eastern Shore of Maryland, a wholesale lumber merchant, height 5 feet 7 inches, weight 122 pounds, a man of active business habits, temperate in the use of alcoholic drinks and never addicted to the use of opium, chloral hydrate, nor of any narcotics. He applied for life insurance two years and a half ago. His family record was unexceptional, as was his personal history. A careful physical examination showed nothing abnormal. He would have been recommended for the acceptance of his application without hesitation, had it not been necessary, on account of the amount asked for, to examine his urine. This was of a dark straw-color; specific gravity, 1024; reaction, acid; daily quantity passed, from 36 to 40 ounces; no albumen. Accustomed to rely upon the accuracy of the copper tests, Fehling's Barresville's, Pavy's and Trommer's, we selected Fehling's, and were surprised to find a heavy reduction of copper, of the yellowish-red suboxide. When only one or two drops of urine were added to a cubic centimeter of boiling Fehling's solution, the quantity of the cuprous oxide was very marked. Although the applicant had had no other symptoms pointing to diabetes—such as emaciation, very high specific gravity of urine, thirst, excessive quantity of urine, muscular weakness, clamminess or dryness of the mouth—I could not indorse his application for life insurance. He went away insisting that he was perfectly well, and that he had never had any sickness in his life. He applied to several other companies for policies on his life, but was invariable turned down, on account of the cuprous oxide deposit. The other medical examiners, as well as myself, felt obliged to report unfavorably on his application. The authorities place the copper test for sugar as fulfilling all practical requirements, so far as accuracy and delicacy are concerned, and for the general use the most satisfactory. It is well known that other organic substances besides sugar are capable of reducing the oxide of copper, but none of these are present in the urine, with the exception of leucine, uric acid and chloroform. Of these, uric acid alone could be supposed to be likely to occasion any doubt. Dr. Pavy found it sometimes produced a slight deposit of the suboxide. Dr. James Tyson says that uric acid is a more frequent source of error than is commonly supposed. He has seen the reaction due to it so vivid that he did not suspect that it could be due to any reducing agent except glucose, but noting the next day a sediment of uric acid, which had fallen during the night, a test of the supernatant fluid revealed no reaction whatever. Moreover, urine containing an excess of uric acid does not generally cause changes in the copper solution resembling that produced by sugar. In this instance there was no excess of uric acid, as shown by treating the urine with hydrochloric acid.

In a few months afterwards this gentleman put himself under my professional care. I frequently examined his urine, and by the copper tests invariably had a heavy reduction of the suboxide. I found no results from tests of fermentation and bismuth. By Moore's test, after the fluid stood for some time, it became of a light brandy color. The picric acid test showed a slight change of a reddish hue. Tyson does not consider that the exact value of the picric acid test has as yet been determined. Although as a patient he was for months

*From the Baltimore *Underwriter* of Jan. 5th, 1887.

subjected to all kinds of treatment—hygienic, dietetic and therapeutical—there has been no material change in the amount of the cuprous oxide. His general health has been uniformly good. He has gained 18 pounds in two years; the circumference at the belt has increased three inches. He has recently been to New York, where a prominent medical life insurance director, after examining his urine, told him he had enough sugar in his urine to float a ship.

I freely confess that I was sadly puzzled to know what to think. I began to doubt whether it could be glucose found in his urine. I had told the applicant at first I supposed his disease must be what Harley described some years since as glucosuria, not from systemic mal-assimilation of sugar, but from excessive quantity made in the liver. But Pavy had proved that these views were erroneous, and that diabetes was caused by derangement of the sugar-assimilating functions of the liver, causing an abnormally large quantity of glucose to be passed into the hepatic vein and thence into the systemic blood, from which it is excreted by the kidneys. I was, in fact, unable to account for the large reduction of the copper, except by the supposition that if the reducing substance was not glucose, it must be inosit or some substance with which I was not familiar.

I called in consultation Prof. James Tyson, University of Pennsylvania, and sent him a specimen of the urine. He examined it with care and wrote to me it was not glucose. He said 'it was unlike diabetic urine in its physical characters—it is dark hued and has a specific gravity of 1021. I found, in testing with Fehling's solution, a peculiar behaviour. The supernatant urine remained very dark, although the suboxide of coppper came down abundantly and promptly on the addition of a couple of drops of urine. I filtered the urine through animal charcoal and found no reaction whatever with Fehling's. I got Prof. Wormley to test it, and he found the same result. He says the reducing substance is not sugar.' Dr. Tyson handed the specimen to Dr. John Marshall (University of Pennsylvania), assistant professor of chemistry. He writes to me that the reducing substance is not glucose. 'It is a bare chance that it is *glycuromic* or *glucomic acid*, but I am inclined to believe that it is an entirely new acid, which has never been heretofore found in urine.' Dr. Marshall is still investigating the nature of this new acid. He expects shortly to be able to give the formula and name for it.

Here, gentlemen, we have in the urine a substance not heretofore discovered, on the authority of Professors Tyson, Wormly and John Marshall, which has the power, equal to Fehling's and other copper tests, of reducing the suboxide of copper. I need not before this Academy estimate the importance of this fact in relation to life insurance and to the diagnosis of Mellitus."

Abstracts and Extracts.

An Experimental Study of Mycotic or Malignant Ulcerative Endocarditis.—Malignant ulcerative encorditis is a form of lesion always associated with some kind of bacteria. The causative relation of these bacteria to the lesions are points upon which Dr. T. Mitchell Prudden seeks to throw some light in a paper in the January number of *The American Journal of the Medical Sciences.*

Dr. Prudden shows that bacteria are frequent in a certain proportion of cases of acute ulcerative endocarditis in the cardiac and, when these exist, in the peripheral lesions. These bacteria are small and of sheroidal form in almost all of the cases thus far described; but in a few cases the presence of bacilli has been noted. There are cases of ulcerative endocarditis with extensive destruction of tissue and large formation of thrombi, in which the lesions are entirely free from bacteria. In these cases, as a rule, the endocardium is the seat of an old inflammatory process and the peripheral embolisms, infarction, etc., do not contain bacteria. In many cases of acute ulcerative endocarditis associated with bacteria, the valves and

endocardium are also the seat of old inflammation.

The destructive process and formation of thrombi in the heart valve and endocardium may be as marked and extensive in the cases in which the bacteria are absent as in those in which they are present; but in the latter class of cases the embolic lesions which are apt to be developed, are of an infectious nature, and the general course of the disease is apt to bear the stamp of an acute infectious disorder.

The gross appearance of the valvular lesion does not always or usually enable us to distinguish between these two forms of disease. Bacteria are sometimes present in cases of acute vegetative endocarditis, but in the lesions of chronic proliferative endocarditis they do not appear to occur at all. The bacteria which are present in the cardiac and peripheral lesions in cases of malignant ulcerative endocarditis are the causative factors in the disease. The bacteria apparently produce the cardiac lesions by lodgement on the surface of the valves and endocardium, when the latter are rendered vulnerable to their action either by mechanical or chemical injury; or by the presence of the old inflammatory alterations, or by conditions unknown to us. Bacterial embolism of blood-vessels of the heart valves is apparently not of frequent occurrence, as was formerly believed.

The only bacteria which have been thus far absolutely identified as occurring in the lesions of malignant ulcerative endocarditis in man are Streptococcus pyogenes and Staphylococcus pyogenes aureus. This identification has been made in six cases. Dr. Prudden has demonstrated that other species of bacteria than those mentioned are capable of causing similar lesions in rabbits under similar experimental conditions.

Finally, Dr. Prudden points out that, in view of the significant relationship of the bacteria of pyæmia and suppuration to malignant ulcerative endocarditis in the cases thus far fully examined, it is evident that a demonstrably diseased condition of the heart valves, or a previous history which would suggest the possibility of such a condition, should be an additional incetive to the practice of a vigilant antisepsis in operations, however simple, upon this class of cases.

Curative Treatment of Vaginal Hydrocele by Corrosive Sublimate.—James Miller, Surgeon to the London Gaslight and Coke Company, says in *The Lancet*, (December 4, 1886,) "The treatment of vaginal hydrocele by tapping is so simple that were it *per se* curative instead of being merely palliative, as is usually the case, there would be no need of any further method. But unfortunately such is not the case, and when an individual is tapped for the first time, it is simply one of a series of operations which will have to be repeated from time to time at longer or shorter periods, varying with different persons, and sometimes with the same one.

Various methods for the radical cure have been suggested and carried out, the latest probably being that recommended by Mr. Bellamy*—viz., a clean sweep through all the scrotal tissues from the cord to the base; the cavity is then to be stuffed with carbolised lint or gauze, and the upper part of the wound brought together by stiches." But, though undoubtedly good, this is bold treatment, and such as many men would not submit to, for the reason that their hydroceles give them little or no pain, and they are more content to go on with the tapping process now and then than take the risk of the knife. If, however, at the time of tapping, an injection can be used which will cure the hydrocele without compelling the patient to keep to his bed or give up his work for a time, there is a distinct gain upon the various methods of treatment at present in vogue. And such an injection I believe we have in corrosive sublimate, as illustrated by the following cases.

Case 1.—B. C——, aged forty-five, a stroker, had been troubled with hydrocele (left) for about two years. It was

*The Lancet, July 4, 1886.

the usual history of a gradual and painless enlargement. Only the inconvenience of having so large a burden in such an awkward place induced him to seek some relief. I therefore tapped him, and the process was repeated four times in two years, there being only an interval of three months between the third and fourth operation, which tended to dishearten him. As he could not afford to lose time and lay up I therefore determined to try what the injection of a small quantity of corrosive sublimate would do. Accordingly I prepared a solution of one grain of the salt in an ounce of distilled water, and injected fifteen minims (=$\frac{1}{32}$ of a grain) of this into the sac. The *modus operandi* was very simple. Having evacuated the contents of the sac, I charged a hypodermic syringe of the above capacity with the liquid, and fitted it into the cannula which had been left *in situ*, discharged the contents into the sac, and removed the cannula in the perpendicular. The man felt no more than if he had only been tapped. This was done on Saturday evening, January 3rd, 1885. I saw no more of him until the following October, when, on inquiry about his hydrocele, he informed me that it had gone; in fact, he had not been troubled with it since I injected the stuff. He stated that he experienced some sharp pain during the first night, but it passed off, and he went to work on Monday as usual. On examining the scrotum there was no deformity or enlargement to be seen. It was perfectly natural.

Having another patient troubled with hydrocele, I was therefore glad to know the result of this first case, which, being so satisfactory, I did not hesitate to repeat.

Case 2.—A. M——, aged thirty-eight. On November 14th, 1885, I treated this patient in the same way. Here, again, was another ordinary vaginal hydrocele (left). Having drawn off twelve ounces of blood-stained fluid, I injected the solution in the same quantity and the same strength as before. In this case, however, I anticipated any after-pain by ordering some belladonna liniment to be sprinkled on lint and applied to the scrotum. On November 16th, there had been no pain, and the patient had slept well at night, but the sac was rather more distended than it was immediately after the operation. I ordered him to keep on the sling which he had worn previously, and in a few days the fluid had been reabsorbed and the swelling was much less. In a few days more the swelling had all disappeared, and has not troubled him since.

In addition to the above case I have treated two others on the same lines as the last, but there is no history to them. They were injected after evacuation, and disappeared without trouble. The gains by this simple method are great, for though the means used are the minimum for palliative treatment, the result is the maximum of curative treatment, and this without loss of time to patient, which to most men is a great consideration.

On Some Forms of Albuminuria not Dangerous to Life.—The gravity of albuminuria, as a symptom, has been differently estimated at different times, but gradually it has come, in recent years, to be known that albumen often appears in the urine, even in considerable quantity and very persistently, in persons free from important organic malady. Indeed, it may be maintained that some patients with persistent albuminuria are yet eligible for life insurance at little, if at all, above ordinary rates.

It is, therefore, important to know the characteristic features of these non-dangerous albuminurias.

Dr. Grainger Stewart, in the January issue of *The American Journal of the Medical Sciences*, studies the following varieties:

1. Paroxysmal albuminuria.
2. Dietetic albuminuria.
3. Albuminuria from muscular exertion.
4. Simple persistent albuminuria;

and illustrates each with reports of cases which are markedly characteristic.

The diagnostic feature of paroxysmal albuminuria are the sudden and copious occurrence of albumen in the urine with numerous casts, the process lasting only

a short time and recurring at intervals with or without a perceptible exciting cause. The exciting cause, according to Dr. Stewart, is irritation of the kidneys from blood changes. The treatment should be directed, on the one hand, to the avoidance or diminution of renal irritation; and, on the other, to the regulation of the hepatic function, and of the chemical processes in the body. Happily, the attacks are usually of brief duration, and he has never known them to prove permanently injurious.

Dietetic albuminuria is a variety which has long been more or less distinctly recognized. Some people suffer from it whenever they indulge in certain articles of diet. In some cases one kind of food, in others many require to be proscribed; cheese, pastry and eggs are among the more common offenders. Of this group our present knowledge does not suffice to afford a satisfactory explanation.

Those cases of *albuminuria following upon muscular exertion* Dr. Stewart is disposed to attribute to a general change in vascular activity. The principal indications for their treatment are met by rest, judicious diet, and attention to general health. Those remedies which act upon the muscular fibres of the vessels deserve trial.

The features of *simple persistent albuminuria* are the constant presence of albumen, usually in small quantity, unattended by tube-casts, diminution of urea, by increased muscular tension, cardiac hypertrophy or other consequence of renal malady, persisting for a period of months or years, and little influenced by diet or exercise.

Dr. Stewart concludes his study with a consideration of the prognosis of these groups.

Rubella.—While the broad lines separating measles and scarlatina are universally recognized, there has been anything but harmony among writers concerning certain anomalous forms of eruptive fever prevaling from time to time which present mingled characters of the two affections, or which appear to present the features of an independent affection. Ever since the middle of the last century, they have attracted much attention, and while, for the most part, they have been considered as aberrant forms of measles or scarlatina, there can be noticed a constantly recurring disposition to gather together, under a special designation, certain cases occurring sporadically or epidemically, which seemed to offer peculiarities distinguishing them from these two diseases. Gradually all affections having a red macular eruption, and not recognizable as measles or scarlatina, came to be described as rötheln, and great confusion resulted, but within the last twenty years the question has assumed a phase that gives hope of its satisfactory solution.

The latest writer on the subject is Dr. I. E. Atkinson, who, in the January number of *The American Journal of the Medical Sciences*, studies the disease in a systematic manner, both historically and clinically. His conclusions are that:

1. Rötheln is a specific, contagious, eruptive disorder.

2. While it possesses characteristics which, taken together, justify a reasonable degree of certainty in its diagnosis, it has no symptom that may not be and is not often assumed by measles.

3. A sporadic case, occurring in one who has never had measles and who affords no history of exposure to rötheln, may be diagnosticated with a fair degree of confidence, but not with absolute certainty.

4. The unqualified diagnosis of rötheln should only be made during an epidemic in which all persons exposed, irrespective of former attacks of measles, are liable to be affected and in whom the symptoms follow a pretty uniform type. In the absence of a pronounced epidemic influence, a series of cases occurring in a household, a school, or an asylum, showing typical symptoms, may be diagnosticated as rötheln with a fair degree of confidence.

5. In sporadic cases, where neither measles nor rötheln has been experienced, a diagnosis of probable measles or rötheln must be made, as conditioned

by the resemblance of the symptoms and course to the type of one or the other affection.

Stychnine-Poisoning Treated by Chloral Hydrate Injections.—James Grierson Brown, M. B., Liverpool, writes to *The British Medical Journal:* At 8.15 A. M., on September 23rd, last, I was summoned to 48, Netherfield Road, N., to see a woman, who had been moaning and screaming for some time, but was now speechless, and seemed very bad. She was 35 years of age, married but deserted by her husband a few days previously.

She was lying on her back in bed, dressed, with the exception of her hat; her eyes closed; apparently unconscious; she could not be roused; arms pressed against sides, and hands clasped over bosom; could not be unclasped. The skin was of reddish purple color, and hot; tongue was dry; pulse weak, and 96.

Every few minutes she would give a groan. Her arms became more firmly pressed to her side; her legs became rigid, and her back as stiff as a board; and, on making an attempt to raise her, she did not bend. There was an increase in her pulse-rate, and her respiration, previously shallow, seemed to stop. There was a peculiar hoarse rattling in her throat, and her face became of a bluish purple color. On the mantlepiece I found a tea-cup coated with a dry-bluish material, which tasted purely bitter; and, in the chamber-utensil, an empty packet of Hunter's vermin killer. An attempt to introduce an emetic failed, and the passage of a tube down her œsophagus brought on such a spasm as almost carried her off; so that I procured a solution of one in two of chloral hydrate, and gave her three hypodermic injections of about eight grains at a time. This speedily reduced the spasm; and, at nine o'clock, she had a fourth injection, and was made to swallow half an ounce of tannate of glycerine. She went to sleep, and was sleeping at noon. She swallowed some tea; made a slow recovery; and is now in an asylum.

Acetanilide; A New Apyretic.—A substance known to chemists who work with dyes by the name of acetanilide, which is produced by the action of heat on acetate of aniline, and is contained in rosaniline made with acetic acid and iron, has recently been found by two German observers, Drs. Cahn and Hepp, working in Professor Kussmaul's clinic, to possess powerful febrifuge or apyretic properties. They have given it the trivial name "antifebrin." It appears to have weight for weight, about four times the power of lowering the temperature of fever-patients that antipyrin has. The doses given varied from 0.25 gramme to 1 gramme, as much as 2 grammes (half a drachm) being given during the twenty-four hours. In every case in which Drs. Cahn and Hepp gave the drug, it produced more or less reduction of temperature; sometimes the thermometer registered a normal temperature for some hours together, and in these cases the appetite often returned. The action of the antifebrin was accompanied by a certain amount of perspiration and with some redness of the skin, sometimes also by thirst and an increase in the urinary secretion. Occasionally a dark tint was observed in the skin of the feet and hands, but no serious symptom was observed in any of the twenty-four cases in which it was given. The price of the acetanilide is not high, being about a shilling an ounce. It can be administered conveniently in wine.—*Brit. Med. Jour.*

Secondary Infection Through Typhoid Ulcers.—Senger reports a case of a woman who died of typhoid fever, in which he found the following lesions: Vast ulcerations of the lower part of the ileum, colon and rectum; enlargement of the spleen and mesenteric ganglia; recent verrucous endocarditis limited to the mitral valve; tumefaction of the liver and kidneys; and pronounced pulmonary œdema. No bacilli could be found in the ulcerations, but the intestinal mucosa, the mesenteric ganglia, and the tissues near the endocarditis were infiltrated with streptococci.—*Gaz. Méd. de Paris*, No. 49, 1886.

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BALTIMORE, JANUARY 15, 1887.

Editorial.

THE CHARTER OF THE FACULTY WILL NOT BE REVIVED.—At a meeting of the Medical and Chirurgical Faculty of Maryland, held on the evening of January 5th, the question, which has been under consideration for some weeks, looking to the revival of the Faculty's Charter, was brought up and disposed of in a manner which we think fortunate for the future well-being of this body. In previous issues we have called attention to this subject and have stated our reasons for objecting to this proposed legislation upon the part of the Faculty. We do not propose now to open up this subject, but to refer only to the decision of the Faculty. By a resolution of the Faculty the Board of Examiners was instructed to lay the Charter of the Faculty before the Attorney-General of Maryland with the object in view of obtaining his opinion as to the legal status of the Faculty with respect to the same. Following instructions this question was referred to Attorney-General Roberts, who courteously replied that the matter did not come within his official duties. His opinion was therefore withheld. Upon the report of these facts to the Faculty, after much discussion, it was decided to discontinue the subject. The Faculty now stands uncommitted to any act looking to the regulation of medical practice in this State. In reaching this opinion the Faculty affirms an unwillingness to interfere in this matter of medical legislation and resigns the questions involved in such legislation into the hands of the profession. We have previously indicated the difficulties in the way of the Faculty's moving successfully in this direction, and we urged that the Faculty as such should surrender the matter into the hands of the profession. We are therefore pleased to note this decision of the Faculty as we deem it, under existing circumstances, the wisest course which the Faculty could have adopted. The opinions of leading and influential members of the Faculty as to the duty of the Faculty in this matter of revival of its charter and enforcement of an Act of medical legislation were so decided and unmistakable that any participation in the matter proposed was not to be considered advisable from this source. Whilst in the beginning of this discussion we differed from the view here expressed, we were led into this difference by a misunderstanding of the functions and objects of the Faculty.

In common with others we were disposed to regard the Faculty as a representative body, with functions similar to those discharged by the State Medical Societies in other States. Under such circumstances we naturally looked to the Faculty to lead in this matter of securing needed medical legislation for the profession of this State. In this assumption we were partially mistaken. The Faculty cannot be regarded in such light. Having some years ago ceased to legislate for the profession attention has been given in latter years to the scientific and intellectual advancement of its membership and to the promotion of literary progress, sound ethics and honorable traditions. No one who has witnessed the conduct of this honorable scientific body can question for a moment the peculiar value it has to the profession of our State. Whatever is best in medical thought and work has always received its earnest encouragement; it has ever taught its members "to cultivate order and uniformity in the practice of physic;" it has ever encouraged originality in research, independence in thought and courage in action. Its past, present and future

are so thoroughly identified with medical culture and progress that it claims the esteem and devotion of its members and the respect of all who are in sympathy with high purposes.

Now, whilst we wish to defend the course of the Faculty in this matter, we deem it just to state that as individuals the vast majority, if not all, of its members are in sympathy with any movement which looks in the proper direction towards medical legislation in our State. It has not been an opposition to medical legislation, as some would have it, which has influenced the action of those gentlemen who opposed the re vival of the Faculty's charter. These gentlemen will, we believe, give support to any plan which will secure such legislation as is needed. We confidently assert that this matter is now in such shape as will lead to satisfactory adjustment, and we think that our next Legislature will be called upon to make a law which will fully meet the approbation and support of the profession in Maryland.

THE CENTENNIAL CELEBRATION OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.—One of the most interesting events which has occurred in medical circles for a long while was the Centennial Anniversary of the foundation of the College of Physicians of Philadelphia, which took place on January 3d, in that city. Organized one hundred years ago by a group of physicians whose names are now honored in the annals of the profession, the College of Physicians stands to-day not only as the leading medical organization of our sister city, but as one of the most distinguished medical bodies in the New World. It has always been the exponent of the best thought and culture in the profession and has exercised an influence over the professional mind, equal, if not superior to that achieved by any body of medical workers in our country.

The long list of Fellows contains the names of men who have made the American profession honored and respected from the days of Benjamin Rush down to the present. Its record has been distinguished alike for its scientific and ethical features which gave shape and strength to the growth and character of medicine in our country. Its Code of Ethics, framed in 1843, has become the Code of the American Medical Association, which until comparatively recently was considered a sufficient guide for the entire profession in our country in Ethical matters.

At the recent celebration Dr. Alfred Stillé related a number of interesting reminiscences of the College which are of peculiar value to us at this time. We recall the fact that we have in our own State a medical organization, dating its birth at the close of the last century, which has many of the features and functions of the College of Physicians. Though lacking the strength and influence of the College of Physicians, the Medical and Chirurgical Faculty of Maryland has in its sphere of usefulness exercised a firm, strong and elevating influence upon the profession of our State. In its infancy and early years its corporate existence was vigorous and authoritative; then came an era of relaxation which impaired its authority. But during this time the traditions and elevating purposes of the Faculty were not lost. Its membership weakened and reduced in numbers still held on to its ancient and honorable records and maintained its integrity and its archives unimpaired. The long night through which our Faculty walked has passed by and the dawn of day has brought to it sunshine and growth. Like the college of Physicians the Faculty has a scientific as well as an ethical record. It has aimed to elevate the thought and culture of the profession by providing a library and reading room which were accessible not only to its members but to invited guests. This library came into existence many years ago. It gave promise of rapid growth, but for many years its usefulness and development were impaired by want of proper accommodations and ample means for its support. During this period many volumes were lost, but the chief bulk was preserved to become the nucleus of the present valuable and rapidly growing collection of literature.

We are told by Dr. Stillé that as late as 1855 the library of the College of Physicians contained only 1700 volumes, and in 1866 the total number of volumes was only 9,513. Within the past twenty years its growth has been most rapid, the present library now containing the largest collection of medical books in this country with the exception of the Library of the Surgeon-General in Washington. In this history of the College of Physicians the Faculty has much to awaken its enthusiasm and efforts. The profession of our sister city have celebrated the Centennial Anniversary of their chief medical society with becoming pride and enthusiasm. They have thrown around the occasion, the sentiment and affectionate regard which should inspire the features of a commemorative gathering. We participate with them in this feeling of veneration and respect for the past and loyalty and devotion to the present and future. An institution which has weathered the storms and reverses of one hundred years and has gained strength and vigor with every generation commands homage and respect from her loyal children. We trust the occasion, which brings to the College of Physicians the freshness and vitality of youth, joined with the dignity and strength of maturity, may recall to similar organizations throughout our land the lessons which it teaches. Should we live to see the one hundreth anniversary of the Medical and Chirurgical Faculty of Maryland we hope to witness just such triumphs as have been recorded by our honorable and ancient sister society in Philadelphia.

Miscellany.

A New Local Anæsthetic.—Drumine is the title of a new Australian local anæsthetic discovered and described by Dr. John Reid of Port Germein, South Australia. Euphorbia Drummondii is the species from the milky juice of which the alkaloid drumine was prepared. Cocaine is known to have a mixed action on sensory and motor nerves, and causes preliminary excitement; whilst drumine is said to have an almost purely sensory paralysing effect, and does not cause excitement. Experiments were made on cats and the observer's tongue. It was injected into the legs of the former animals and caused general dulness, with marked impairment apparently of all forms of sensibility. Placed on the tongue, nostrils, and hand of the observer, the resulting anæsthesia was most marked. The alkaloid has no action on the pupil, and small doses given internally produce no constitutional effect. It has been employed successfully in subcutaneous injections for sciatica and sprains. The experimentation has so far been imperfect and incomplete. We hope soon to have a fuller account of this new alkaloid, and to be able to give further information thereon. The amount injected subcutaneously was four minims of a 4 per cent. solution. Dr. Reid anticipates a brilliant future for the drug in the domain of nervous and cerebral diseases.—*Lancet*, *Dec* 18, 1886.

Small Fees and Great Doctors.—A young pysician, practising in this city, writes: "Is there no help for the pitifully small fee which we doctors, in all but the central parts of this city get? I started in practice here over a year ago, locating in the neighborhood of a large apartment and tenement-house district. I had spent a good many years and a large sum of money on my medical education, having not only passed through a hospital course, but taken special studies abroad. I began practice by charging $2 for a visit, but soon found it would not do at all. I was told that Dr. ———, a professor in one of leading medical schools, only charged $1; so did other old, well known physicians practising in the neighborhood. It seems to me that long years of experience and study ought to make a physician's advice worth more than it is estimated at by certain active and venerable doctors in this vicinity."

We often are in receipt of complaints of the above kind, and are generally willing to concede that there is some justice in them. It is too often the case that, as physicians grow older they can-

not see the wisdom and justice of selling their services at a higher value, thus diminishing, perhaps, the amount of their work, but in reality doing a better kind. We happen to be able to say with positiveness, that the "Professor," alluded to by our correspondent, at an age when he should be resting or consulting, allows himself to be worked to the last point of weariness by the same kind of practice as that with which he began his professional career.—*Med. Record.*

We call the attention of the Medical Examiners of our life insurance companies to some very suggestive points which were brought to the attention of the Baltimore Academy of Medicine, at its last meeting, by Prof. F. Donaldson, M.D. In another column we publish a paper read by Dr. Donaldson, and also an abstract of the report, in conjunction therewith, of a carefully conducted test by Dr. T. Barton Brune. Aside from the fact that an excess of urates or the protein compounds has shown a property similar to that of diabetic sugar in reducing cupric to cuprous oxide, the detection of a new and hitherto unsuspected reducing substance leaves a very unpleasant sense of doubt as to the accuracy and reliability of the favorite copper tests of medical examiners, the sulphate of copper and caustic potash of Trommer, or the potassio-cupric tartrate of Fehling. It becomes apparent that through error occasioned by a reducing substance which is not glucose, applicants for life insurance may have been declined on the assumption of diabetes mellitus, though exhibiting none of the concurrent indications of that disease, such as high specific gravity, excessive discharge, mal-assimilation and progressive emaciation.—From *Baltimore Underwriter*, January 5, 1887.

Paralysis Consequent on Parotitis.—In the *Progrès Médical* of November 20th, 1886, M. A. Joffray described a form of paralysis resulting from parotitis, or mumps, in the same manner as from diphtheria and other infectious diseases. It affected all four limbs, beginning, apparently, in the lower, and extending to the upper; the latter, however, being less markedly disturbed than the former. The paralysis was preceded by pains of a lancinating and constricting character, and became manifest about twenty-one days after the onset of the causal disease. It was associated with abolition of the reflexes—knee and plantar. The muscles failed to respond to faradic or galvanic excitation. This was the case not only with the muscles completely beyond volitional control, but also with the hospitals, the welfare of the patients, and the cause of medical education, which is a public consideration. The present is a very insignificant instalment of advance in that direction.—*Brit. Med. Jour.*

Pomegranate Root in Intestinal Affection.—Mr. Edward Nicholson, in a paper read before the Liverpool Medical Institution, calls attention to some little-known properties of pomegranate root. His experience with it has been mostly with young children in India. He found that whenever a young child lost its appetite, had more or less irregular bowels and a somewhat tumid belly, was peevish by day and restless at night, when it was wasting, and the symptoms were negative as to worms or fevers, decoction of pomegranate root invariably effected a cure. The symptoms were mostly found in children about two years of age, but might occur at any time up to seven years. No particular dietary was found necessary. He has since found the drug equally efficacious in similar conditions in children in England. He has usually given the decoction in ounce doses, three times a day, and has never seen any toxic effects from its use. In certain obscure diseases in adults, where there was cachexia with evidence of abdominal disturbance, he has also found the pomegranate root serviceable.—*Practitioner*, Nov., 1886.

Treatment of Whooping-Cough.—The following method of disinfection of sleeping and dwelling apartments and clothes is recommended by M. Mohn in

the treatment of whooping-cough. It is said to cure the case immediately. The children are washed and clothed in clean articles of dress and removed to another part of the town. The bedroom and sittingroom or nursery are then hermetically sealed; all the bedding, playthings, and other articles that cannot be washed, are exposed freely in the room, in which sulphur is burnt in proportion of twenty-five grammes to the cubic metre of space. The room remains thus charged with sulphurous acid for five hours, and is then freely ventilated. The children return the same day, and, and may sleep and play in the disinfected rooms.—*Lancet*, Dec. 18th, 1886.

Afraid to Think.—Probably some of your readers are familiar with the story of the ancient spinster who, on asking a rising laryngologist how far he could see, was considerably discomposed by his prompt reply, "Far enough, madam, to see that you are sitting on a cane-bottomed chair." A companion story to the above was told to me a few days since, and, as it has the advantage of being true, I will give it for the amusement of your readers. In the out-patient department of one of the largest metropolitan hospitals a boy was recently being ophthalmoscopically examined. One of the by-standers observed him to be trembling from head to foot, and, when it came to his turn to have a look at the fundus, asked the boy kindly what ailed him. "Oh, sir," said the boy, "I'm afraid to think anything." "Well" said his examiner, "I don't see much brains. I don't think you could think much if you tried to," a rejoinder which apparently consoled the boy not a little.—*London Correspondent to Med. Record.*

An Easy Labor.—Dr. S. C. Bridgwater, of Dixon Springs, Tenn., writes that not long ago a negro woman was walking along one of the streets of that town, when suddenly labor pains began, and before she could get out of town she gave birth to a large, healthy child. She picked up the baby, and carried it in her apron about half a mile to her home. She had no medical attendance during or after the labor, and both mother and child did well.—*Medical Record.*

A Prescription for Migraine.—The following is the formula of Dujardin-Beaumetz:

℞.—Ethoxycaffeine	gr. xij.
Sodii salicylat.	gr. xv.
Aquæ dest.	ʒ iijss.—M.

Sig. Dose from five drops to teaspoonful as indicated.—*Les Nouveaux Remèdies*, December 8, 1886.—*Med. News.*

Contagion of Tetanus?—At the Société de Chirurgie an interesting paper, followed by discussion, was read by M. Larger, which seemed to show clearly that there were good grounds for believing in the contagiousness of tetanus. Four patients who had been treated in the Colmar Hospital were seized with tetanus at different intervals, and all died. The nature and severity of the wounds varied in each case from an amputation to a simple incised wound. The only thing common to them all was that the cases had all occupied contiguous beds. Tetanus is rare at Colmar. None of the patients had had anything to do with horses. A veterinary surgeon, M. Cagnat, had practised castration on horses for twenty-five years without a single case of tetanus. At the end of 1884 he removed with an écraseur a tumor of the testicle in a horse; the animal died of tetanus. Operations for castration practiced with the same écraseur on five horses afterwards were followed by tetanus and death in all the animals. The écraseur was then submitted to disinfection by being heated to a high temperature. The instrument was afterwards used for fresh castrations, and without tetanus resulting in any of the animals operated on.—*Lancet*, Dec. 18, 1886.

Actinomycosis Hominis.—Actinomycosis is a progressive inflammatory affection, set up by a certain fungus—the

actinomyces; resulting in the formation of granulations and fibrous tissue, and in suppuration; attacking human beings, cattle, and swine; and communicable to cattle by inoculation. The fungus occurs as small globular masses, commonly about the size of a millet-seed, usually of a pale yellow color, but at times white, brown, green, or speckled, with a surface closely covered with palisade-like rows of clubbed bodies which give it a mulberry-like appearance. If seated in the tissues, each portion of fungus is surrounded by inflammatory products forming a nodule which in its structure may exactly resemble a tubercular granulation. In the January number of *The American Journal of the Medical Sciences*, Dr. E. Markham Skerritt gives an instructive *résumé* of our knowledge of the disease, and reports a case in which the lung was previously attacked, and which presented certain features of special interest.

The etiology of the disease is still obscure. The microörganism has never been recognized outside the body; and, apart from inoculation experiments, no direct relationship between the disease as occurring in the lower animals and as met with in man has been established. There is strong evidence to associate the occurrence of the disease with the presence of carious teeth or dental fistulæ. In most of the recorded cases it is noted that the teeth were defective and in several the malady originated at the site of decayed teeth or of a diseased portion of the jaw. The fungus may enter the body by the mouth and pharynx, the respiratory passages, and the digestive tract.

Dr. Skerritt points out that, whatever the primary seat of the disease, in any case of actinomycosis generalization of the growth by embolism may occur, and this not uncommonly after the tumor has long had a comparatively inactive local existence. The dissemination of the fungus will be accompanied by irregularly recurrent rigors and the usual symptoms of hectic.

Action of Drugs in Albuminuria.—An interesting communication on this subject was read in the Section of Therapeutics at the Brighton meeting of the British Medical Association by Dr. Robert Saundby. He pointed out the difficulty of fortelling what action drugs might possess on the renal processes in genuine albuminuria. The number of drugs with which he experimented was very large. The following are his chief conclusions:—Alkalies used in the from of diluents—such as a quart of bitartrate of potash imperial (one ounce and a half to a pint), daily, gave distinctly favorable results in cases of chronic persistent and copious albuminuria. He has employed also citrate of lithia, bicarbonate of potash, ammonia benzoate, and bircarbonate of soda, and includes them in the favorable opinion. The beneficial effect was not due to the formation of alkali-albumen; for Esbach's fluid, which was the method employed, precipitates that form of albumen. Tannate of soda, or rather an ounce mixture of tannic acid and bicarbonate of soda, of each ten grains, with fifteen minims of glycerine, also gave good results. In one case the albuminuria was diminished nearly one-half. Nitro glycerine and fuchsin appeared to have no good effect. Digitalis and other heart tonics—caffeine, strophanthus, sulphate of sparteine, iron salts, acetate sulphate, and perchloride—increase the amount of albumen passed. Apocynum was not found to have any diuretic action in drachm doses of the tincture, and it increased the albumen in two cases. Turpentine had no beneficial effect, though hæmaturia followed its employment in one-minim doses. Doses of the 1000th of a grain of bichloride of mercury were also inoperative.—*Lancet.*

Is the "Knee kick" A Refley Act?—Dr. Warren P. Lombard, in a paper in the January number of *The American Journal of the Medical Sciences*, endeavors to determine whether the time between the moment of blow on the ligamentum patellæ and the beginning of the following contraction of the quadriceps muscle, is long enough to permit the phenomenon to be a reflex act. The result was the discovery that this period was about only one-fourth as

long as that required for a skin reflex from the knee, and very little longer than that seen when the quadriceps muscle is incited to action by direct electrical stimulation.

His experiments lead him to the belief that the contraction of the quadriceps muscle following a blow on the ligamentum patellæ comes much too soon to be the result of a reflex stimulation It is probable that the stimulation is due to a sudden stretching of the muscle fibres, and that the stimulus has the same character as when the muscle receives a direct blow. Before this conclusion can be accepted, however, the undoubted influence of the spinal cord upon the production of the phenomena must be explained. The current explanation that the irritability of the muscle to the finer mechanical stimuli is dependent on "muscle tonus," will not be altogether satisfactory until the existence of "muscle tonus" is proved.

It seems probable that, in addition to the first impulse which comes to the quadriceps when the ligamentum patellæ is struck, occasionally a second impulse, of reflex nature, originating either in the nerve ends of the skin or of the tendon and muscle, may come to it and increase the height of the contraction. Under normal conditions, however, this would seem to play a very subordinate part.

Agaric in the Sweating of Phthisis. — Dr. Armistead Peter, of Washington, D. C., writes to *The Medical News*, (Jannary 8th '87.):—Dr. N. S. Lincoln called my attention to the powerful influence of pulverized agaric to control the sweating of pulmonary phthisis; since then I have used it in five cases, with the greatest success.

In the first case I prescribed the powder in ten grain doses at bedtime. Owing to its cathartic effect I reduced the dose to five grains. Continuing this for a week, all sweating ceased. I now, in this case, only use it when a slight moisture of the skin during the night warns the patient that he may be going to have a return of the sweat. In one case I had to repeat a five grain dose every two hours, three times one night; no cathartic effect resulted. I call your attention to this remedy because, when I first ordered it I found great difficulty in obtaining the smallest quantity, either of the powder, the alkaloid, or the fluid extract. The remedy, while so effectual in controlling the sweating, did not help the cough or produce drowsiness.

Alkaline Injections in the Treatment of Gonorrhœa.—Castellan ("Bull. gén. de théray.," Dec. 15, 1886) states that he generally finds the pus of acute gonorrhœa to have an acid reaction. To overcome the acidity, he uses, three or four times a day, a urethral injection of from eight to ten parts of sodium bicarbonate dissolved in a thousand parts of water. The reaction of the discharge is tested every two or three days; as soon as it becomes alkaline, it begins to diminish and finally disappears, although there may be exacerbations, and there is no longer any ardor urinæ.—*N. Y. Med. Jour.*

Medical Items.

The *Medical Record* states that over one-half of the criminals of the State of New York are foreign born.

Dr. Henry Andrews, a resident of Brooklyn, N. Y., has recently committed suicide on account of his failure to secure a practice.

Dr. Hunter McGuire, of Richmond, Va., has accepted the appointment of Orator at the next anniversary meeting of the Alumni Association of Jefferson Medical College of Philadelphia.

The Emperor of Russia has sent a magnificent donation of forty thousand roubles ($20,000) toward the erection of the proposed Pasteur Hospital, in Paris. With this new addition, the hospital fund now amounts to $320,000, a sum sufficient to erect a fine building.

Dr. S. Weir Mitchell, of Philadelphia, is a scientist and a writer of fiction of commanding eminence, but he deserves also to rank as a poet of no humble pretensions. His "Commemorative Verses", read on the occasion of the Centennial Anniversary of the College of Physicians, have the ring of the genuine metal.

Dr. John Scott, a well-known physician on the Pacific Coast, died at his residence in San Francisco, Cal., on December 24th. Dr. Scott

was a member of the American Gynæcological Society, and attended the meeting held in this city in September last. He took a prominent part in the discussions and made a strong impression upon those who heard him. At this meeting he was elected a vice-president of the Society.

For *exophthalmic goitre* in a robust and plethoric subject, Prof. Da. Costa prescribed:

℞ Tinct. aconit. rad. f℥j
Tinct. zingiberis, f℥j
Syr. simplicis, f℥j. M.

Sig.—Ten drops three times daily, for months, to be gradually increased as the patient will bear it.—*Col. and Clin. Record.*

Incipient Baldness is treated by Tilbury Fox with the following:

℞ Tinct. nucis vom. ℥iv.
Tinct. cantharides,
Lanoline āā ℥ijss.
Acid. acetic, ℥iv.
Aquæ rosæ, ℥vj. M.

Sig.—Apply with friction.—*Med. News.*

Professor Parvin recently gave the following formula for *amenorrhœa* with anæmia, which he has used for many years, and in certain cases derived very satisfactory results:

℞ Terebinthinæ albæ,
Pulv. aloës,
Ferri sulph. exsic., āā gr. j.
Ft. pil.

Sig.—Ter die.—*Col. and Clin. Record.*

The Hospital Sunday Fund in New York City, this year, has already realized from the annual collection in the neighborhood of $25,000, with prospects of a total exceeding that of previous years. In the Broadway Tabernacle the amount collected was $3,420,08. This sum was considerably more than was collected from all sources in this city by the Hospital Sunday Association, at its recent collection. Won't some one start a Broadway Tabernacle in this city?

At the annual meeting of the Philadelphia County Medical Society, held January 5, the following officers were duly elected for the ensuing year: President, Dr. J. Solis-Cohen; Vice-Presidents, Drs. W. W. Keen, and E. T. Bruen; Treasurer, L. K. Baldwin; Corresponding Secretary, Dr. M. S. French; Recording Secretary, Dr. S. Solis-Cohen; Reporting Secretary, Dr. W. H. Morrison; Assistant Secretary, Dr. A. C. W. Beecher; Librarian, Dr. C. W. Dulles; Censors, Drs. W. Joseph Hearn and DeForest Willard.

At the annual meeting of the College of Physicians of Philadelphia, held January 5, the following officers for the year 1887 were elected: President, Dr. S. Weir Mitchell; Vice-President, Dr. John H. Packard; Secretary, Dr. Isaac Norris; Treasurer, Dr. Charles Stewart Wurts; Honorary Librarian, Dr. James H. Hutchinson; Recorder, Dr. J. Ewing Mears; Censors, Drs. Lewis Rodman, William Goodell, Alfred Stillé, and Samuel Lewis; Councillors, Drs. Morris J. Lewis and Jame Tyson. Dr. George E. De Schweinitz was elected for Fellowship.

The twenty-first annual meeting of the Baltimore Medical Association was held at the Eutaw House, in this city, on Monday evening, January 10th. The election of officers for the ensuing year resulted as follows: *President*, Dr. T. B. Evans; *Vice-Presidents*, Drs. J. E. Michael, and A. Atkinson; *Recording and Reporting Secretary*, Dr. B. S. Roseberry; *Corresponding Secretary*, Dr. A. G. Watts; *Treasurer*, Dr. G. B. Reynolds; *Executive Committee*, Drs. S. T. Earle, G. H. Rohé, and H. F. Hill; *Committee of Honor*, Drs. W. E. Wiegand, George Thomas and S. M. Free. After the election of officers the Association adjourned to the banquet hall where several hours were spent in festivities. Toasts were responded to by the following gentlemen. "The Retiring President," Dr. W. F. A. Kemp. "The Newly Elected President, Dr. T. B. Evans. "The Ex-Presidents of the Association, Dr C. H. Jones. "The Medical and Surgical Society," Dr. D. W. Cathell. "The Clinical Society of Maryland," Dr. A. B. Arnold. "The Gynæcological and Obstetrical Society," Dr. T. A. Ashby. "Medical Education," Dr. I. E. Atkinson. "Rural Members," Dr. R. Gundry. The Baltimore Medical Association is the oldest local society in this city. It has over 70 members and is in a prosperous condition.

At the recent Centennial Celebration of the College of Physicians of Philadelphia, the President conferred the honor of Associate Fellowship on the following gentlemen, and in the following terms:

Henry Pickering Bowditch, M.D., Professor of Physiology in Harvard University; physiologist and statistician.

David Williams Cheevers, M.D., Professor of Surgery in the Harvard University; a bold and thoughtful surgeon; a teacher with the tongue and the pen.

William H. Draper, M.D., Professor of Clinical Medicine in the College of Physicians and Surgeons, of New York; the trusted consultant; the clinical teacher; the physician and writer.

Robert Palmer Howard, M.D., Professor of Medicine in McGill University, Montreal; clinical investigator; writer and teacher.

Hunter McGuire, M.D., of Richmond; a surgeon distinguished in war and in peace; teacher of surgery; President of the American Surgical Association.

George Cheyne Shattuck, M.D., LL.D., of Boston; clinical investigator; eloquent teacher; generous benefactor of medical and secular education.

Nicholas Senn, M.D., Professor of Surgery in the College of Physicians and Surgeons of Chicago; investigator in surgical pathology.

Theodore Gaillard Thomas, M.D., Clinical Professor of the Diseases of Women in the College of Physicians and Surgeons, of New York; medical author; teacher; clinical investigator.

James T. Whittaker, M.D., Professor of Medicine in the Medical College of Ohio; clinical teacher; physician, and writer.—*Med. News.*

Original Articles.

RUPTURE OF THE UTERUS.*

BY WILLIAM PAWSON CHUNN, M.D.,

Chief of Clinic to Chair of Diseases of Women and Children, University of Maryland. Assistant Surgeon to Woman's Hospital.

The title of the case about to be presented, as written on the card, may I fear prove somewhat misleading in as much as that title might lead one to suppose that the medical man in charge and the reporter of the case were one and the same person. Far be it from me Mr. President to assume any honor which is not justly my own, and in accordance with this desire let me now state that this case was at no time under my charge, nor was I in any way responsible for its doubly fatal result; the patient was attended by two gentlemen whom I know very well, who were present with the patient from first to last, and who stated the history, signs, and symptoms of the woman's labor in such a precise and instructive manner as made me ask leave to publish the following details; which leave was very kindly granted. It must be remembered that these gentlemen were only undergraduates in medicine, and did not profess to be experts in the art of obstetrics and consequently could not be held in any way responsible. They, in fact, did all in their power and then very wisely sent for the nearest help obtainable.

Mary T. aged 26 years, colored, married, the mother of two children, no miscarriages. Her last labor was difficult and required the use of forceps, although the cause of the difficulty was not stated. Patient was first seen Thursday, October 1st, 1886, at 11 o'clock in the morning. Pains rather irregular, pulse good, patient looked well, os dilated to the size of a dollar, head presenting. Patient said waters had burst, she thought, some hours before. At 8 o'clock of the same day the same condition was observed except the cervix was dilated to the size of the rim of a teacup. No progress being made and the vagina being relaxed and well lubricated by the secretion, two twenty grain doses of chloral were give at intervals of an hour. Pains were irregular and progress small. Patient went on through the succeeding night complaining the whole time of excessive bearing down pains, but little progress was observed. At 9 o'clock on the morning of the second day, the woman becoming weary and the head not advancing, the forceps were applied and a decided effort made to deliver; decided force was used but delivery seemed impossible. A second attempt also proved futile, notwithstanding all the operator's strength was used. All of a sudden at this time it was noticed that the woman's pulse had become very weak and feeble, and that the extremities were cold, and that the pain had ceased. While the forceps were on during the second attempt a decided constriction was noticed in the abdomen, so that there appeared as it were a tumor in the upper part of the abdomen, then a sort of an hour glass contraction and then another spherical enlargement low down towards the true pelvis. Help was then sent for and a neighboring practitioner responded at 11 o'clock of the second day; the doctor who was sent for arrived and applied the forceps, thus making the third effort with that instrument, and exerting all his strength found himself unable to effect delivery. The forceps were then taken off while the operator rested himself. This being accomplished another trial was made, making the fourth application of the forceps, but to the great surprise of all the child's head had receded and had ascended in the uterus so that it could not be securely clasped, and when traction was made the forceps slipped off accompanied by quite a flow of blood into the vagina. At that time the pains had ceased and the whole aspect of the abdomen had changed, the belly being flattened out, and fluctuation was perceptibly observed. Internal hæmorrhage was diagnosticated as probable, that is to say hemorrhage into the uterine cavity, but the true condition remained undiscovered.

*Read before the Baltimore Gynæcological and Obstetrical Society January 11, 1887.,

During the last application of the forceps the recession of the head was thought to be due to relaxation of the uterus, and consequently abdominal pressure was made to force the head down into the clasp of the forceps, but unsuccessfully; everything having been tried in vain the woman promptly gave up the ghost, and the doctor continued the business by doing a post-mortem. Then only, was it discovered that the peritoneum contained the child. The pelvis contained blood. The blood surrounding the placenta and abdominal cavity contained all three. The parietal layer of peritoneum upon being cut open, a spout of blood instantly followed so full was the abdomen of the fluid. The placenta next came in sight immediately beneath the belly wall and floated up as it were by the blood. The cavity being sponged out the child was seen perfectly and entirely loose in the abdomen and of course beyond resuscitation. Continuing the search the uterus was found with a huge rent in its extreme lower segment, extending across its anterior surface and some distance up the left side. Through this rent the child and placenta had evidently escaped and by it the woman had bled to death. The lower segment of the uterus was so much thinned that in many places it was almost as thin as paper. No particular enlargement of child's head was noticed, nor did the pelvis present any noticeable abnormality. The head and pelvis, however, were not measured, and it is possible that some increase or decrease in the size of either the pelvic canal or the descending occiput was present. This theory is probably correct as it was admitted that the child and its head seemed somewhat large.

It is also possible that the head was not flexed as the face had come down, or that the shoulder was hitched over the pubes. I was informed that the bladder and rectum had been previously emptied. But let us throw aside speculation and deal with facts, the first and most important of which was the rupture of the uterus. Could this rupture have been prevented? Ought its imminence to have been foretold? Could any treatment under the circumstances have saved either mother or child, or both? In regard to the first question I think it may be admitted that skilled interference with a proper pair of forceps would have prevented rupture, if tried at an early date. As the woman had already had children there was no reason why she should not have been delivered again by one able to diagnosticate and rectify the cause of the difficulty. Delivery might therefore have been accomplished before the lower segment of the uterus was so thined as to eventuate in rupture by the application of forceps. The thinning out of the lower part, or supra-vaginal portion of the cervix, was certainly the predisposing cause of the subsequent laceration, but I think the immediate cause was the incautious use of the forceps by which, during violent efforts, the lower rim of the cervix was, as it were, dragged away from the body of the uterus having been caught possibly between the head and symphysis pubis. As the woman was exhausted and had been having no pains for sometime it seems highly improbable that the uterus ruptured itself. From the history as given the child did not at once escape into the abdominal cavity, for even after the forceps had been applied the second time, the contraction ring described by those present was very plainly observed, neither was the shape of the abdomen changed as the belly flattened. No doubt some rupture of the uterus occurred with hæmorrhage during the second attempt with the forceps, as was shown by the feeble pulse and cold extremities, but it was during the last attempt when great pressure was made over the fundus of the uterus that the rent was enlarged and the child forced entirely into the abdominal cavity. The contraction ring, so admirably described by Bandl, was here recognized, and if this warning had been understood the results would most probably have been different. One other point comes up for discussion and is probably the most important of all, and that is in regard to the proper treatment where the child has escaped entirely into the abdominal cavity. Of course

circumstances modify cases, and where a patient is surrounded by all the convenience that skill and intelligence can supply, added to the immediate presence of a skilled operator and experienced assistants, the outlook for successful laparotomy is much greater than where the woman belongs to the humblest walk in life, where medicine and proper food are unattainable, and where soap and water are unknown luxuries.

To these disadvantages our patient had sustained a tedious labor, rendered still more exhausting by four fruitless efforts at delivery, and was well nigh pulseless when help arrived. I think he would have been a bold man who would have opened the abdomen under such circumstances. On the other hand, however, it may be said that there was nothing else to be done, that a woman in such a condition did not stand ten chances out of a hundred, that death was almost certain, and that where laparotomy had been done in similar cases recovery had resulted in 76 per cent. of the cases so treated. In this instance, however, the shock and hæmorrhage were so great that the patient died within three hours after the accident.

The question of treatment is, however, open to discussion and it is for that reason among others that I have presented these lines to the Society. Bearing upon this important subject a very interesting paper was read before the American Gynæcological Society at its meeting in 1881, by Prof. Wm. T. Howard, of this city, where laparotomy was done three times in cases of rupture of the uterus with escape of the children into the abdominal cavity. Others of this Society have doubtless been the unwilling witnesses of such cases, and it is in the hope of learning from them, honored by age and favored by experience greater than mine, that I now conclude these notes already grown longer than I had expected.

The Army and Navy General Hospital at Hot Springs, Ark., will be opened this week, with beds for eighteen officers and sixty-four enlisted men.

CANCER OF THE VULVA.*

BY JOHN MORRIS, M.D., OF BALTIMORE.

Cancer of the vulva is one of the rarest diseases mentioned in medical literature. Through the painstaking research of Dr. George H. Rohé, I am enabled to submit a list of all the cases reported. These are as follows:

Walshe 1 case from Heming.

Tauchon 2 cases in 6,955 cases of cancer in women—from 1830 to 1840 inclusive, eleven years.

Hutchinson had collected	14	cases in 1860.
Mayer	13	"
Deschamps	11	"
Billroth	4	" in 8 years (548 cases).
Rupprecht	8	"
Schram	2	"
Küstner	5	"
Martin	8	"
Rochelt	1	"
Gœmer (Bischoff's clinic)	5	"
Ballantyne	1	"
Lebert	8	"
(Walshe and Tauchon)	(3)	"
Total	86.	

Dr. Rohé believes that Lebert's, Walshe's and Tauchon's cases are duplicates, leaving only eighty-five on record.

As far as I can learn but four cases of cancer of the vulva have occurred in the city of Baltimore—one in the practice of our late colleague, Dr. A. F. Erich, one that came under the observation of Dr. Miltenberger, one that was operated on a few weeks since by Dr. Tiffany, at the Maryland University Hospital, and one that happened in my own pratice, the details of which I will refer to later on.

Cancer of the labium usually occurs at a late period of life, rarely before the age of fifty. The youngest case on record is thirty-two. It is insidious in its origin and frequently progresses to a serious extent before medical aid is invoked. Œdema and intense pruritus are the most prominent symptoms. Almost complete absence of pain characterizes the majority of cases. Three years is

*Read before the Baltimore Gynæcological and Obstetrical Society, January 11, 1887.

the usual duration of cancer of the vulva. The treatment is only palliative, the use of tonics, antiseptic and detergent washes, and, if pain exists, the administration of anodynes topically and internally.

If a case of cancer of the vulva is seen at a very early stage, the proper course of treatment is the radical extirpation of the growth and all the surrounding glands. The operation must be thoroughly radical, otherwise the disease is sure to return.

In my own case, to which I have already referred, the disease had progressed so far that no surgical measures could be employed. The patient had been suffering for two years and the ulceration had already destroyed all of the right labium and a portion of the perineum. Before death nearly the whole of the perineum had been obliterated. My patient was past seventy, and had always enjoyed the best of health. Of course no treatment could avail in her case.

Cancer of the vagina is still more infrequent than cancer of the vulva, there being only forty cases of this trouble on record.

Clinical Lectures.

PATHOLOGY AND TREATMENT OF CHRONIC CONSTIPATION IN CHILDHOOD, AND ITS SEQUEL, ATONY AND DILATATION OF THE COLON.*

DELIVERED AT THE HOSPITAL FOR SICK CHILDREN, GREAT ORMOND-STREET,

BY W. B. CHEADLE, M.D., F.R.C.P.,

Senior Physician to the Hospital; Physician and Joint Lecturer on Medicine, St. Mary's Hospital.

There is, I imagine, no disordered condition of the body which is so frequently the subject of medical treatment as constipation. Not only are doctors called upon to prescribe for it daily, but every chemist's shop does a brisk trade in aperients; and the public use largely the hundred quack pills in vogue, and dose themselves with these and domestic remedies approved by household tradition. And usually, if there is no mechanical obstruction to the intestinal canal, nothing is easier than to force a free passage through it by calomel and colocynth, or castor oil, or jalap, or croton oil. If one purgative will not do it, another will; or an enema will wash out the *cloaca maxima*—the colon. But this is not the whole question. The exhibition of purges is a very limited portion of the management and cure of constipation. The temporary relief of the bowels is a small matter. If the constipation is only a chance and exceptional difficulty, a free purge may end the trouble and cure the complaint, and this indeed is the usual event; but if the constipation is recurrent, chronic, or habitual and obstinate, it is necessary to go deeper in order to effect a cure—to alter the conditions which give rise to the torpidity of the bowels. The temporary relief afforded by a brisk purge, moreover, if frequently repeated, tends to defeat its own end. The purgatives lose their power after a time. Stronger and stronger drugs have to be used, the position becomes more and more difficult, and the last state of the patient is apt to become worse than the first.

Now the permanent cure of constipation is of great importance to health and to the comfort of life. It may seem a small thing, but even with adults habitual constipation and the necessity for constant resort to drugs are always sources of trouble, of worry, of disordered function in other organs, of chronic fæcal poisoning, of pain and discomfort, sometimes of grave anxiety, and even of fatal complications—e. g., obstruction, ulceration, and perforation from pressure of hard fæces. In children the question is in certain aspects more serious still, for it affects not only present health and comfort, but future development and the working conditions of the alimentary canal for the whole of after-life. There is this difference, further, between the two cases. Injudicious treatment may render constipa-

*From *The Lancet*, December 4th, 1886.

tion confirmed in the case of the adult. In the case of the child it may do this also, but it may do far more, as I shall show presently. It may, and often does, cause such serious injury to the bowel itself that it recovers only after long and careful management, even if the damage inflicted be not permanent and incurable. As a general proposition, it may be said, perhaps, that adults suffer most from the consequences of neglect of constipation, children from the too vigorous and mischievous treatment of it. The treatment of constipation in childhood, then, is a subject of considerable importance. To be successful it must comprise something more scientific and comprehensive than the mere administration of aperients. It is not enough to open the canal when blocked, or sweep it clear of accumulations which have lodged there. The essential point is to establish such a habit of daily evacuation that accumulation of the noxious waste and its evil consequences may not recur—to modify the condition permanently. In order to do this the causes which give rise to it must be thoroughly understood—must be removed, or neutralised, or compensated.

There are many different factors concerned in the production of constipation which act in varying degree in different cases. 1. Deficient fluid in the intestinal canal, caused by deficient supply of food, excessive waste, or deficient secretion from the intestinal mucous membrane. 2. Deficient peritalsis, especially of the large intestine, from defects of diet, or from atony due to over-stimulation by purgatives or to degeneration of the muscular coat. 3. Inhibitory influences of the nerve centres of the brain and cord, probably affecting both peristalsis and secretion of fluid. 4. Deficient bodily exercise and movement. 5. Dilatation of the intestine, especially the colon, due to debility of the intestinal wall or to actual dilatation by accumulated fæces, gaseous distention, repeated enemata, or laxness of the abdominal wall.

Such are the chief causes which give rise to constipation. They are not all met with in the case of children, however—at least not in equal degree. Thus, weakening of the muscular fibre of the intestine by the deterioration of age, mental depression, deficient bodily exercise, or astringent food rarely can be credited with the production of deficient peristalsis in early life. Putting aside malformation, such as atresia more or less complete, peritonitis intussusception and the like, the causes which are chiefly operative in childhood are:—1. Food which leaves little residue; very completely digestible food—e. g., milk; fæcal matter too small to duly excite peristalsis. This is a common cause to very young children, and in like manner a too great uniformity of food fails to excite peristalsis. 2. Deficiency of liquid in food, not enough to drink, is another not infrequent cause in children; causing too dry fæces. 3. Deficient biliary secretion, "acholia:" unstimulating fæces. 4. Deficient secretion of glands of mucous tract; dry fæces. 5. Over-stimulation and consequent atony of intestine; loss of excitability and loss of power, caused—(*a*) by coarse food, (*b*) by frequent purgative, (*c*) by too frequent use of enemata. To these may be added the dread of evacuation from pain caused by hard stools. The latter is frequently operative in children. Instead of aiding the evacuation of the bowels, the child resists it with all its might. The resistence to the passage of fæces, partly voluntary and partly reflex, is caused by the pain of extrusion through the sphincter of a hard rough mass, or the existence of a fissure or sore of the anus. When once constipation has occurred this is an important cause of its continuance, to be overcome only by inducing absolute liquidity of stools for a time.

Now, the symptoms produced by retention of fæcal waste in the intestine vary remarkably. In some cases, especially in very young milk-fed children (and the fresher and better the cow's milk the more constipating is it—*i. e.*, non-fermenting, not acid), there may be absolutely no derangement of general health. The child eats well, sleeps, is hearty and robust—the picture of health. There appears to be no fæcal

poisoning by reabsorption of foul matter from the intestine. The chief difficulty is the pain caused by the passage of the hardened dry fæces. This causes the child to resist all attempts to go to stool. It screams and cries, and dreds the action, and thus, refusing to assist by its own efforts, the bowels remain closed for days perhaps, until a good dose of castor oil or other domestic medicine compels evacuation. In addition to this there may be restlessness and night terrors; but the tongue is usually clean, and digestion and nutrition good. Let me give a few examples of this simplest form.

Case 1.—H. P——, came to me in December, 1880. He was a plump, rosy, sturdy boy of one year and nine months old. Nothing could have been more perfect than his development and nutrition. His limbs were straight, his body well formed, and his flesh hard as wood. He was brought for advice with regard to constipation, from which he had suffered since he was three months old He was restless and fidgety, had disturbed sleep, waking up crying or screaming. He had been brought up largely on cow's milk. The stools were light, hard and dry. All kinds of medicine had been given from time to time—castor oil, rhubarb, senna, jalap, scammony, with stimulating articles of diet—porridge, prunes, fruit. Sometimes the bowels did not act for three or four days together. After a time the bowels were never opened without medicine, strong and stronger doses being required. For the last 2 or 3 weeks medicines had been found to produce so little effect that enemata had been resorted to. The child dreaded the action of the bowels and could not be induced to try to relieve them. He screamed and struggled violently if made to attempt it. He screamed when the motions passed. He dreaded the enemata too. Sometimes these were retained and did not act. The abdomen was full and distended, but no fæcal accumulation could be felt, nor was the colon obviously dilated. The case was one of constipation, due in the first instance to the digestible ingesta leaving a small residue, and thus exciting imperfect peristalsis; partly also to defective intestinal secretions, made worse by stimulating purgatives, and aggravated still further by frequent enemata. As the bowels had not acted for four days, it was necessary to relieve them at once. For this purpose I gave a grain and a half of calomel and four grains of compound jalap powder. But the essence of the treatment consisted in securing daily action by means of some unstimulating aperient. The plan adopted was this: a solution of carbonate of magnesia (two drachms to the ounce) was ordered, and one, two, or three teaspoonfuls, or more, as might be necessary, in milk, once or twice a day every day until the bowels became relaxed. The result was satisfactory. The bowels began to act regularly; the treatment was continued for three or four months. Then the medicine was omitted altogether, and after a time a relapse came. A mixture of strychnine, iron, and sulphate of magnesia was then given as the child grew older, and it became steadily better, and ceased to attend. Thus by simple means, without the use of any strong purgative, except a dose of calomel and jalap at first, and a single dose of calomel (three grains) afterwards, a satisfactory cure was effected in a most obstinate case of long standing where previous treatment had failed. Of such cases I could quote any number, but I will give only one more.

Case 2.—Mrs. T. S——'s baby, a fine healthy child of six months, brought up on cow's milk. The food agreed perfectly, but constipation had been obstinate from birth. This was treated at first by occasional doses of castor oil. Then enemata were resorted to. They became required more and more frequently, and larger and larger ones given, until the parents, becoming alarmed, brought the child to me. There was no malformation; there was no symptom except screaming from passing hard dry fæces. Think of this poor little baby of six months old having its intestines steadily dilated by enemata daily. A solution of carbonate of magnesia (ten grains to the ounce) was ordered, as

many teaspoonfuls to be given as necessary to render the bowles relaxed. This was accomplished in six days. The medicine was gradually reduced, and the constipation did not return. Six months later the child remained well.

In other cases, again, there is some disorder of health, slight, but significant and persistent, and due no doubt to chronic fæcal poisoning—such as general cachexia, a sallow complexion, somewhat coated tongue, foul breath, loss of appetite, languor, general torpidity and sleepiness, with disturbed nights, dreaming and restless, and in young children moaning and night terrors; of this the following are examples.

Case 3.—C. J——, aged thirteen, an anæmic girl of delicate appearance, came to me in August 1885, suffering from constipation of the most obstinate kind. The bowels had not been open for ten days. The trouble commenced nearly four months previously, after an attack of mumps. The bowels did not act for three or four days at that time. Castor oil was given, which produced free evacuation. The bowels, however, did not act again for the next five days, when a doctor was consulted, who prescribed more purgative medicine. This ceased to have effect, although various aperients were tried. Then galvanism and regular enemata were given, with varying and temporary benefit. Other medical men were consulted. Various remedies were given, with strong purgatives. She had been taking jalap chiefly. But for some days no action whatever had followed. The medical man under whose care she was, stoutly declared that the girl was imposing upon the credulity of those round her, and that the bowels really had acted, but that she had concealed it. The girl was delicate, slightly made, and rather pallid. Her tongue was fairly clean, but she was extremely languid and had no appetite; this had been so ever since the mumps. She was quiet and sensible, and the governess who accompanied her had observed nothing suggestive of hysteria. The catamenia were established, and had appeared regularly for the last twelve months. On examination the abdomen seemed normal in most respects, but a soft doughy mass could be felt in the left iliac region—clearly accumulated fæces. This was an instance in which the tonicity of the intestine had been lowered by the debilitating influence of mumps, causing deficient peristaltic action. The condition had been increased by the free and long-continued use of stimulating purgatives and enemata. An ounce of castor oil was ordered immediately, to be followed by an oil enema if necessary; after that a mixture of strychnia (three minims) and belladonna (quarter of a grain), with the sulphates of magnesia and soda, twice a day after food. The oil acted freely next day. The mixture produced an action every two or three days. The sulphates of soda and magnesia were persistently increased until the bowels acted freely—until, indeed, an opposite condition of slight diarrhœa was established. Then the amount of medicine was slowly reduced. In a week or two the patient was able to give up medicine altogether. Her health returned, appetite came back as the regular action of the bowels was re-established, and a visit to Brighton confirmed the cure. I saw this girl only a few days ago. She has remained absolutely well.

In this instance the affection of health was only slight. In the next I shall relate the cachexia induced was more marked, and disappeared in like manner with the removal of constipation.

Case 4.—M. L——, aged ten, a small delicate boy, came to me in April, 1883, suffering from frequent attacks of nausea, giddiness, headache, loss of appetite, and languor. He was a quick boy, fond of school, but unable to work there often on account of headache. Physical examination showed nothing wrong, except that he was lean, sallow, cachectic-looking. The abdomen was not distended. The heart and lung sounds were normal. There was no albumen in the urine. The tongue was a little coated. The only previous illness of importance was an attack of diphtheria; but this was not severe, and there had been no sequelæ. The bowels were always

confined, being open only every other or every third day. The stools were hard and dry. The constipation was habitual; it had existed more or less for years. It had been relieved by occasional purges and frequent enemata. The boy was an only son of French parents, indulged in by too luxurious taking meals with his parents, and partaking of rich dishes and pastry, of which he was inordinately fond.

This was a case in which there was defective peristalsis, not traceable to any definite cause. Possibly the diphtheria may have been one factor by lowering the tone of the intestinal muscle, although it could not be certainly traced to this cause; or the condition may have arisen in simple neglect to empty the bowel daily, and it had been aggravated no doubt by the use of strong purgatives and frequent enemata. The cachectic state and failure of appetite, too, had been increased by injudicious feeding, and this, again, had reacted in increasing constipation by inducing malnutrition and debility of muscle of bowel. The headache was a striking feature in this case. It must be referred, I think, to fæcal absorption. The great majority of so-called nervous headaches in children are of this kind. Even in neurotic children constipation is constantly a chief factor in their production. A mixture of sulphate of iron, magnesia, and soda, with liquor strychniæ, were given twice a day after food. The diet was most strictly regulated, and fresh fruit made an important item of food. The saline aperients were increased until a free daily action was secured, and in three weeks all headache and nausea had passed away, appetite returned, and the child was well, except for a little restlessness and grinding of the teeth at night. It was thought that this might be due to the presence of a worm, and a dose of santonine and calomel was given, with the result of bringing away a single round worm. This removed the last signs of disorder. The laxative was gradually diminished, and ultimately left off altogether at the end of two months. The boy continued well until the following December—*i. e.*, six months later, when constipation returned, and with it the old symtoms of languor, loss of appetite, and headache. A pill of aloes, nux vomica, sulphate of iron and extract of henbane was now ordered twice a day after food. The bowels acted again, and the child got well without further trouble. There has been no return.

Society Reports.

THE BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD JAN. 4, 1887.

The President, Dr. P. C. Williams, in the chair.

A NEW SUBSTANCE FOUND IN THE URINE.

Dr. T. Barton Brune is not desirous of being understood as saying, in his admission thesis read before the last meeting of the Academy, "that this new substance found in the urine, and which reacts with Fehling's copper test in a way so similar to sugar, has no pathological signification." He simply states that so far as we are at present aware, it is not connected with any known pathological process.

DISCUSSION.

Dr. John Uhler asked why Dr. Brune says it is *not* glucose?

Dr. Brune replied that he based this assertion upon the fact that though it reacted like sugar with some reagents, in many instances it gave reactions that glucose does *not* give, and, again, it does not react to some tests by which glucose is recognized.

Dr. Uhler. Does this substance cause its solution to become a fermentable fluid?

Dr. Brune. It does not.

Dr. Uhler said it was his custom in testing suspected urine for sugar to first apply the fermentation test, using several portions of the urine with an equal number of different yeast specimens.

After 24 to 48 hours, if no fermentation occurs, he applies the copper test. He always employs these two tests as confirmatory, the one of the other.

SEVENTEEN FRACTURES OF BONES IN A CHILD.

Dr. J. J. Chisolm referred to a case of peculiar interest. It occurred in a healthy, active boy, æt. 5 years. He was the healthiest of four children in his family. The condition of interest is the ease with which this child's bones are fractured. In his five years of life he has sustained already 17 fractures. He has no rickets and apparently is well nourished. There is never any difficulty about the union of the fragments and the boy sustains but little inconvenience, as he has grown quite accustomed to these accidents. They are not the common green-stick fracture of childhood but resemble more the sharp, brittle break of an aged bone. When these accidents occur the solution of continuity is accompanied by a snapping sound that can readily be heard.

Dr. P. C. Williams had never heard of such a condition at so early an age, but recalls a case related to him by Dr. Gibson, of Philadelphia, in which an old gentleman of Virginia had sustained at different times, some 30 or 40 fractures of the bones of the lower extremities, while stepping from his horse to the ground.

Dr. Chisolm has seen cases in which fractures were a common occurrence, but they were either in old persons or in persons of poor and badly nourished constitutions.

In answer to Dr. T. A. Ashby, he replied that the fractures were not the result of muscular exertion, but of accidents.

CASES OF NEURASTHENIA.

Dr. A. B. Arnold, in referring to the subject of neurasthenia, related several extremely interesting cases that had come to his notice.

In one case, that of a lady in every way perfectly sane and intelligent, there appeared a condition of fear of contamination, mysophobia; she became alarmed and uneasy at the approach of any stranger, or in fact of friends. She caused her household effects to be sold and new ones bought in their place. She would not handle money for fear of contagion. In short, the condition rendered her liable to suspect contamination from any and every source. Besides this mental trouble she complained of a peculiar pressure or constriction of the head as if a wire cage had been placed around it. Her body is well nourished but her facial expression is that of constant terror.

A second case was that of a German barber, a masturbator. He was afraid to pass certain places alone. He was aware of his fear and would converse intelligently upon its want of foundation, but at the same time he could not be induced to pass these places without an attendant.

He complained of a constriction of the head as if it were encircled by an iron band. He remarked in discussing these cases—the peculiar headaches—always appearing in the form of a constriction or a pressure at some certain locality.

The mental conditions of these patients are good with the exception of these peculiar fancies. They may be well nourished but are unable to stand any ordinary amount of muscular exertion. Neuralgic pains often accompany the trouble. After many efforts he has succeeded in finding relief for these head pains.

He employs sulphuric ether gtt. xx, and cannabis indica, gtt. x—this is given as often as he thinks it necessary.

It is his opinion that many of these cases pass from under our observation without our recognizing them.

Of late, much attention is being paid to this disease in Germany and France, so it is not strictly an American disease, as was formerly supposed.

In answer to Dr. Uhler, he replied that he did not find that medication relieved the phobias but only the headaches.

In answer to Dr. Ashby, he said, it

was probable that hysteria played some part in the disease.

Dr. T. A. Ashby recalled a case of a young woman who, after prolonged domestic trouble became, broken down in health and hysterical, and finally showed signs of fear when left alone. This condition developed to such an extent as to require attention. On everything else she was perfectly rational, but she could not be left alone because of this peculiar fear of solitude.

He had formerly treated her for uterine trouble and thought a return of this condition might account for the peculiar nervous symptoms.

An examination revealed a uterine catarrh and an erosion of the cervix. These were, after a time, both relieved. As the uterine condition improved the woman's symptoms disappeared, and when the trouble with the uterus was completely over the mental symptoms had entirely vanished.

Dr. Arnold could not believe that uterine troubles played a part in the production of hysteria. He thought hysteria an inherited disease and that in these cases in which uterine troubles are accompanied by the appearance of hysteria that the hysterical condition was present already and was only brought out by the irritant.

Dr. Jas. Carey Thomas spoke of a young man who had the peculiar terror of being left alone. The condition followed an attack of typhoid fever. This patient is, when alone, always in fear that something terrible is about to happen or that he is about to commit some deed that he may regret. He has not however the characteristic headache of neurasthenia. The condition of mind is disappearing as the general condition improves.

Dr. Chisolm saw a peculiar case of

CONGENITAL PTOSIS.

Beside this, both eyes were everted, and closer examination revealed it to be a case of paralysis complete of both third cranial nerves.

Another child in the same family was born with paralysis of the third cranial nerves, just as in this case.

The former case was the second child in the order of births, the latter was the sixth.

CLINICAL SOCIETY OF MARYLAND.

STATED MEETING, HELD DEC. 17, 1886.

The President, RANDOLPH WINSLOW, M.D., in the chair.

Dr. John W. Hocking and Dr. W J. Chappell were elected to membership of the Society.

Dr. A. K. Bond then read a paper on an

EPIDEMIC OF SCARLATINA.*

DISCUSSION.

Dr. James Craighill spoke of a case that recently came under his notice in which the symptoms were such as to render it impossible for him to say whether it was rötheln or scarlatina.

Dr. I. E. Atkinson thinks such statistics as have been recorded by Dr. Bond very valuable. The results published by Dr. Bond are very good but they are not obtained in all such epidemics.

Dr. Atkinson considers the condition in the throat identical with that seen in the throat in diphtheria, but paralysis does not follow scarlatina as it frequently does diphtheria. This is due in all probability to a difference in the specific element in the constitutional trouble.

He impressed the importance of daily examination of the urine in order to detect the first onset of kidney trouble. The kidney involvement, he thinks, can be prevented by proper treatment. In speaking of Dr. Craighill's case, he said as a rule the differential diagnosis is easy, but occasionally a case presented in which this is almost impossible. In his opinion it is safe to diagnose scarlatina when a diffuse eruption appears early and is accompanied by a high fever. The case should then be isolated. He advocated daily bathing or sponging of the surface after which it should be well and then thoroughly anointed. He

*See MARYLAND MEDICAL JOURNAL Jan. 1st, 1886.

thinks desquamation and contagiousness are lessened by this procedure.

Dr. Claude Van Bibber, during his service in the Home for the Friendless, employed in a similar epidemic as has just been referred to by Dr. Bond, personal disinfection. He thoroughly scrubbed the patients with a solution of Platt's Chlorides. He found trouble in the throat much relieved by small doses of cod liver oil.

Dr. John Chambers thinks these epidemics occurring in the Home for the Friendless induce us to look with suspicion upon the hygiene of the institution.

Dr. Van Bibber assures Dr. Chambers that the hygiene of the institution is good. He is positive that the disease gains access to the institution through communication with outsiders.

Dr. J. H. Branham wishes to know if Dr. Van Bibber claims therapeutic action for small doses of cod liver oil.

Dr. Van Bibber only claims for it that after its administration the pain in the throat was diminished and the swelling quickly disappeared.

Dr. Branham thinks the difference in the size of the epidemics may be explained by the difference in the length of the intervals between them.

Dr. I. E. Atkinson, said that Dr. Chamber's question upon the hygiene of the institution could hardly bear upon the invasion of scarlatina, for it is commonly observed that scarlatina, measles, small pox, etc., appear in houses and places whose hygiene can not be questioned.

Dr. L. McLane Tiffany said the origin of the epidemic referred to by Dr. Van Bibber had been traced to a child who had contracted the disease while visiting friends outside the institution.

Dr. A. K. Bond, in closing the discussion, said: It is a question if true diphtheria was present in either of the two cases to which he especially referred. If diphtheria is a disease of local origin engrafted upon a constitution already debilitated by sickness, then he thinks they had diphtheria, but if it is a disease of itself depending upon a specific poison that differs from the scarlatinal poison, then they did not have diphtheria.

In his cases he found desquamation as distinct in the mild as in the severe cases. He don't believe in bathing these cases if they are doing well without it.

Dr. Randolph Winslow reported a case of

EXTROPHY OF THE BLADDER.*

His report was accompanied by drawings and photographs of the case.

Dr. Robert Johnson asked, if the child had no umbilicus how did it get into the world?

Dr. Randolph Winslow could give no light as to how the child got here, but stated that in these cases an umbilicus is not present.

Dr. Johnson. What is the change, if any, that takes place in the skin when it is turned in, as in this case, to form the inner surface of the bladder? If its function as skin is continued and there is a production of hairs, he imagines this should have some weight in influencing the operator in selecting the place from which the flap is taken.

Dr. S. T. Earle said the reason for cases having no umbilicus is that the cord enters the abdomen through the upper angle of the opening, and not directly through the skin as is normally the case.

Dr. N. G. Keirle said in the embryo the subcutaneous tissues are practically a mucous tissue, and he thinks it possible that the skin returns to its embryonic condition functionally and histologically when placed under circumstances favoring it.

Dr. S. T. Earle said as to the child's rectal trouble she was doing well. His operations have been with the thermocautery. He will make a more complete report later.

Dr. Wm. Pawson Chunn then reported for Dr. Charles Sadtler a case of

HÆMATOCELE.

I was requested by Dr. Charles Sadt-

*See MARYLAND MEDICAL JOURNAL, Dec. 25, 1886.

ler to present the history of the following interesting case as he was unable to be present himself at the Society tonight.

Miss B——, virgin, first seen, Wednesday morning, December 15, 1886. Patient racked with pelvic pain coming on suddenly, pale aspect, rapidly feeble pulse, great exhaustion accompanied with vomiting and bearing down pain, fluctuation could not be detected, although later on the abdomen was swollen, no rise in temperature at any time, patient died in collapse at 8 P. M., Thursday, no post-mortem obtained.

The opinion given was that a pelvic hæmatocele was the cause of death in which the Society agreed. Fluctuation was not felt as the effusion was probably mostly in the peritoneal cavity, and becoming clotted was mingled with the viscera.

Dr. Chunn did not see the case, but was inclined to think an abdominal section the proper thing to do.

Dr. W. P. Chunn also reported two cases of

AMENORRHŒA.

Case I.—Aged 28 years, married, no children, no miscarriages, had not had any menstrual flow for over two years, although before marriage was regular. No pain, and health moderately good. Examination showed the pelvic organs to be in a healthy condition. History of the case showed no cause for the stoppage of the flow. During an examination of the chest marks as though a hypodermic syringe had been used were found all over the chest. It was found that the courses had ceased on account of the habitual use of morphia. The case he considered of rare occurrence.

Case II.—Patient 37 years, married, one child and one miscarriage, had not seen a flow for nineteen years, no pain, health good, examination refused, no cause assigned for amenorrhœa. These cases were related to show that amenorrhœa is not always imcompatable with perfect health.

Professor Chevreul, the chemist, is about to resign his public offices and retire to Dijon to live with his family.

Abstracts and Extracts.

Intestinal Obstruction Cured by Inversion and Injection of Air.—Mr. Craven reports in *The Lancet* the following: Frederick F——, aged four, was admitted on Jan 24th. The child was well and the bowels acted regularly daily until Jan. 15th, when they did not act. Vomiting began the same evening and continued until the day of admission, when it became very offensive. No blood or mucus was passed. The child complained of abdominal pain, and refused to take any food.

On admission the face was flushed and looked pinched, and he was much emaciated. Abdomen distended; pain referred to umbilicus. Tongue red and dry; pulse small and frequent. He vomited once, but the vomit could not be collected; it smelt, however, stercoraceous. Under chloroform the abdomen was found to be distended and tympanitic all over; no sausage-shaped tumor to be felt. Per rectum a few scybala were removed from its lower part, and a mass was then felt which seemed to be scybala covered with mucous membrane. The child was then inverted and air pumped into the bowel: this could be felt entering by the hand placed on the abdomen. After a short time the air seemed to enter more easily, judging by the force required to squeeze the syringe. The inflation was then discontinued and the finger again introduced into the rectum, where the fold of mucous membrane had disappeared, and some free scybala were found and removed. The finger could now be passed above the brim of the pelvis, where more scybala were lodged. An enema of a pint of warm water was then injected, which brought away some hard lumps, but no blood or mucus. The abdomen was rubbed with an oiled hand, which assisted in expelling the water and a formed motion. Three minims of tincture of belladonna and three of tincture of opium were given in a teaspoonful of water, but were immediately vomited; the vomit was stercoraceous. A twelfth of a grain of morphia and of belladonna was intro-

duced as a suppository, and the child passed a good night.

Jan. 25.—The mixture of opium and belladonna was ordered three times a day, a teaspoonful of milk every half hour, Brand's essence, and brandy.

26.—Vomited after drinking a quantity of milk in the absence of the nurse.

28th.—Bowels acted twice. Is able to take more food, and is gaining flesh.

February 2nd.—Bowels acted freely. Is able to take chicken and egg, &c.

7th.—Bowels have acted daily since the second. Has no pain; abdomen soft and natural. Has gained three pounds in weight since Feb. 1st.

14th.—The child was discharged well.

Bacteriology.—Mr. Watson Cheyne, in the January number of *The American Journal of the Medical Sciences*, gives a full yet concise summary of our knowledge on the relation of bacteria to the living animal body. He points out that the parasitic bacteria differ very much in their seat and mode of action from one another. Some grow on the surface of wounds or on mucous surfaces, penetrating, as a rule, for only a short distance into the underlying tissues; such are the gonococcus, the diptheritic bacillus, etc. Others grow by preference in the lymph channels (the micrococcus of erysipelas); some grow in the tissues, especially in the cellular elements (the leprosy bacillus, the turbercle bacilius, etc.); and others grow in the blood (anthrax, probably the organisms of the specific fevers, etc.). And there are all sorts of transitions, the same organism growing at times only locally, at others in the blood-vessels. Again, some bacteria are specific on one species of animal and not on another; thus the bacillar septicæmia of mice does not, so far as we know, affect man; while, on the other hand, several infective diseases of man do not apparently affect the lower animals.

The conditions necessary to enable these parasitic organisms to enter and live in the living body are manifold, and are as yet but imperfectly known. Some of them, however, are indicated. Mr. Cheyne shows that the point of entrance of the bacteria exercises a great influence on the result. The gonococcus, for instance, grows apparently only on the mucous membrane of the urethra, vagina, and eye; the occurrence of inflammation of other mucous membranes from infection with gonorrhœal discharge is very problematical. The cholera and typhoid organisms are apparently only pathogenetic in the small intestine. The idea that typhoid fever can be acquired by inhalation is extremely doubtful. In other cases the infection cannot occur through an unbroken surface. This is probably the case with syphilis, and possibly also with erysipelas. Other organisms, again, will act only when introduced into the subcutaneous or submucous cellular tissue; such are the bacillus of malignant œdema of guinea-pigs and mice. Again, in some of the bacteria which are pathogenic in the lower animals, the infection is only accomplished by introducing the organisms directly into the blood stream. Although a full development of the disease is, in many instances, only obtained by the introduction of the virus into a particular part, a modified form is often produced by inoculation in other places. A good example of this is found in the case of symptomatic anthrax. A very important point in regard to infection is the dose of the virus which comes into action. As the result of his experiments Mr. Cheyne finds that in certain cases the introduction of a single bacterium is sufficient to cause the disease; in others, a large number are requisite to produce a fatal result, but in all these cases a smaller dose will produce a local effect in the form of inflammation. But there is a further most important point in connection with this matter, viz., that in many cases the small dose which produces a local effect, at the same time protects the animal from the fatal result if a larger dose be subsequently introduced.

Mr. Cheyne fully discusses the question of immunity following an attack of many diseases, and then the question of the attenuation of virus and protective vaccination, and concludes with a con-

sideration of the condition of infection and the question of septic intoxication.

The Surgery of the Pancreas.—Dr. Senn, in the January number of *The American Journal of the Medical Sciences*, concludes his exhaustive study of the surgery of the pancreas, based upon experiments and clinical researches. He formulates his conclusions as follows: 1. Restoration of the continuity of the pancreatic duct does not take place after complete section of the pancreas. 2. Complete extirpation of the pancreas is invariably followed by death, produced either by traumatism or gangrene of the duodenum. 3. Partial excision of the pancreas for injury or disease is a feasible and justifiable surgical procedure. 4. Complete obstruction of the pancreatic duct, uncomplicated by pathological conditions of the parenchyma of the organ, never results in the formation of a cyst. 5. In simple obstruction of pancreatic duct, the pancreatic juice is removed by absorption. 6. General atrophy of the pancreas from nutritive or degenerative changes of the secreting structure is not incompatible with health. 7. Physiological detachment of any portion of the pancreas is invariably followed by progressive degeneration and atrophy of the glandular tissues. 8. Extravasation of fresh normal pancreatic juice into the peritoneal cavity does not produce peritonitis, but is promptly removed by absorption. 9. Crushed or lacerated pancreatic tissue is removed by absorption, provided the site of operation remains aseptic. 10. Complete division of the pancreas by elastic constriction is never followed by restoration of interrupted anatomical continuities. 11. Limited detachment of the mesentery from the duodenum, as required in operations upon the pancreas, is not followed by gangrene of the bowel. 12. In all operations upon the head of the pancreas, the physiological connection of the peripheral portion of the gland should be maintained by preserving the integrity of the main pancreatic duct. 13. Partial excision of the splenic portion of the pancreas is indicated in cases of circumscribed abscess and malignant tumors, in all cases where the pathological product can be removed completely without danger of compromising pancreatic digestion or inflicting additional injury upon important adjacent organs. 14. Ligation of the pancreas at the point or points of section should precede extirpation as a prophylactic measure against troublesome hemorrhage and extravasation of pancreatic juice into the peritoneal cavity. 15. The formation of an external pancreatic fistula by abdominal section is indicated in the treatment of cysts, abscesses, gangrene, and hemorrhage of the pancreas due to local causes. 16. Abdominal section and lumbar drainage are indicated in cases of abscess or gangrene of the pancreas where it is found impossible to establish an anterior abdominal fistula. 17. Thorough drainage is indicated in cases of abscess and gangrene of the pancreas, with diffuse burrowing of pus in the retroperitoneal space. 18. Removal of an impacted pancreatic calculus in the duodenal extremity of the duct of Wirsung, by taxis or incision and extraction, should be practised in all cases where the common bile-duct is compressed or obstructed by the calculus and death is threatened by cholæmia. 19. In such cases the principal source of danger, extravasation of bile into the peritoneal cavity, should be avoided by preliminary aspiration of the dilated bile ducts, accurate closure of the visceral wound with fine silk sutures, and absolute physiological rest of the organs of digestion during the time required in the healing of the visceral wound.

Aperient Wine.—The formula of Monin, as given in the *Progrès Médicale*, is as follows:

℞.—Tinct. calisayæ,
Tinct. simarubæ,
Tinct. gentian.,
Tinct. aurant. cortic. amar. āā 3 ijss.
Tinct. ignatiæ 3 ss
Vini xerici q. s. ad Oij.
Mix and filter.
Dose, from one to two fluidounces.—*Med. News.*

MARYLAND MEDICAL JOURNAL

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BALTIMORE, JANUARY 22, 1887.

Editorial.

RENAL CALCULUS, ITS DIAGNOSIS AND MEDICAL TREATMENT.—Attention has been recently drawn to this subject by a number of successful operations for its relief. The affection occurs most frequently at the extremes of life and in the male sex. Sedentary habits appear to exert a predisposing effect, combined with high living, and some authors claim a distinct hereditary transmission. Telluric conditions may be a factor, for the disease is said to be much more frequent in England and Holland than elsewhere. It is quite probable that many cases escape observation, as the symptoms have a wide range of variation. The diagnosis of a typical case of renal colic presents no special difficulty. The pain is usually violent, variable in intensity and continuous. According to Eichhorst it is first localized in the region of the kidney, then about the middle of the urethra or later in the bladder. It radiates in various directions, to the groin, shoulder or abdomen. The cremaster muscle is often spasmodically contracted and the testicle drawn up. There is often a feeling of formication or numbness in the leg of the affected side.

The pain is often agonizing and the patient may pass into a syncopal condition, or if a child into convulsions. The onset is usually attended by a rise of temperature, and nausea is generally present. There is always great vesical tenesmus, and frequent attempts at micturition are made but usually only a few drops of urine are passed mixed with blood.

The paroxysm may last for some minutes or some hours and terminate suddenly by the calculus dropping into the bladder. These attacks may recur with varying frequency. When the stone remains in the pelvis of the kidney a pyelitis is at once set up. The symptoms are pains in the region of the kidney, tenderness upon pressure and purulent urine. According to Eichhorst ulceration of the pelvis may occur with perforation and peritonitis, or a communication with the stomach or intestines may be formed.

Localized pain and tenderness are not of themselves diagnostic; so we must look to the urine.

Dr. Tyson (*Boston Med. and Surg. Jour.*) reduces the principal causes of pyuria to three, tuberculosis of the kidney, surgical kidney, and impacted calculus. In the first condition the diagnostic points are the family history, the condition of the patient and the discovery of bacilli in the urine, which latter is of course conclusive, but of no negative value as cases of tuberculosis of the kidney may occur and the bacilli not appear, or at least not be found after careful search. Surgical diseases starting from the bladder and causing trouble in the kidneys are accompanied by vesical irritation.

The point has been made that urine containing pus from cystitis is alkaline, or very rapidly becomes so, while that containing pus from the kidney is acid. Thompson's method for determining this was to wash out the bladder thoroughly with a catheter and allow the bladder to contract around the instrument when the urine from the kidney will usually come away uncontaminated.

The urine often contains blood and albumen. It is of extreme importance to determine whether the albumen is to be accounted for by the presence of blood and pus, or whether it is an evidence that the kidney itself has suffered. Casts would confirm the latter supposition, if the quantity of albumen be con

siderable. The urinary sediments should be carefully watched and examined, for they give evidence as to the nature of the calculus. Often small fragments are passed, which should be submitted to accurate chemical analysis. Dr. Tyson has given (*Loc. Cit.*) some simple rules for such analysis, "powder and heat the stone on platinum; if it disappears it is probably uric acid or its compounds; if there is any doubt apply the muroxide test. If the stone does not disappear upon being incinerated, it is composed either of phosphate or oxalate of lime. If it is the triple phosphate, the application of heat to a piece of the original stone will melt it into a bead; if it does not melt, it is either phosphate or oxalate of lime, the incineration will convert it into carbonate of lime, which in acetic acid will dissolve with effervescence; if it is phosphate of lime it dissolves without effervesence."

An absolute diagnosis can be made by striking the stone with an exploring needle, but of course the negative result of this procedure is valueless. It is often important to determine which kidney is the affected one, when pain is not a prominent symptom, and various methods have been suggested, such as, in the female, stopping one ureter with a catheter after dilating the urethra, and collecting the urine, or in the male, passing the hand into the rectum, and compressing one ureter, or by pinching the aperture of the ureter with the jaws of a lithotrite, though none of these experiments seem to have been tried, at least with any certain success. When the calculus is large, or when the other kidney becomes incompetent for the increased work imposed upon it we have the symptoms of diffuse nephritis.

It is a well known fact that a calculus may remain impacted in the pelvis of the kidney for a long time without producing any special symptoms, and they have often been found post-mortem in patients who gave no evidence of their presence during life.

The brilliancy of the operation either for removal of the stone, nephrolithotomy or removal of the kidney itself, nephrectomy, has obscured the results obtained by medical treatment. While it may not be possible to dissolve a large stone it is possible to prevent the formation of stone, and it is to his point that we should direct our attention. In the acute attack the indications are to relieve the pain and produce relaxation. Morphia should be given in full doses hypodermically, and it is well to combine atropia with it. If the pains are obstinate it is well to anæsthetize the patient. A poultice or hot cloth should be kept to the affected region, or what is better the patient should be kept in a warm bath until thoroughly relaxed. If the calculus is passing along the urethra, it may be aided in its progress by gentle stroking. The use of diuretics and diluents during the passage of the stone has been advised, but it is an unwise procedure, as there is danger of increasing the spasm of the ureter if the *vis a tergo* be increased. After the stone has been expelled the patient should be kept perfectly quiet and if hemorrhage supervene it should be combatted with astringents. If the calculus passed be composed of uric acid the condition of the urine should always be a matter of attention. The diet must be regulated, and consist of only a minimum amount of nitrogenous food, and the meals should be increased to four or five a day. Dr. Tyson speaks very highly of a pure skim-milk diet. In order to get rid of any debris remaining in the kidney the alkaline treatment should be adopted, and the best agent for this purpose is citrate of potassium in about twenty grain doses given three or four times daily in as much water as the patient will freely take, say about eight ounces each time. Many of the mineral springs have deservedly obtained high repute in cases of uric acid diathesis, such as Vichy, Saltzbrunn, Carlsbad, Buffalo Lithia, Capon, etc. Often such treatment will prevent the reformation of stone and it is highly probable that in some cases effect a partial solution of small calculi. Much the same treatment is to be observed in the case of the oxalate of lime calculus, though this stone is much less readily soluble than one composed of the urates; certain vegetables known to con-

tain large quantities of oxalic acid, such as rhubarb and sorrel must of course be avoided. If the stone is composed of the phosphates the indication is to increase the acidity of the urine. This can best be done by benzoic acid in ten grain doses three times daily. The prospect of effecting a solution is not as hopeful as in the case of the uric acid calculus, still this method of treatment will often prevent the deposit of phosphates on an already existing stone. Dr. Wm. Roberts, of Manchester, performed a number of very interesting experiments on calculi, which had been taken from the bladder, and found that the most successful results were obtained by using very dilute solutions of the solvents. It is still a matter of doubt whether a renal calculus can be dissolved by internal medication, though doubtless it does sometimes happen. The point to emphasize is, that renal calculus can be prevented, and even when formed kept at a standstill by appropriate treatment patiently persevered in.

Miscellany.

Thallin in Typhoid Fever.—The introduction of such drugs as "kairin," "antipyrin," and "antifebrin" has somewhat diverted attention from a very powerful antipyretic agent—viz., thallin. Professor Ehrlich lately presented to the Clinical Society of Berlin the results of some researches he has been making with this last-named agent, especially in the treatment of typhoid fever. (*Münch. Med. Woch.*, No. 47.) From experiment, he found that after administering the drug to animals it was not retained in the nerve centres, but mostly in the fatty tissue of the body. He also found that there was a marked difference in toxic action, according as to whether it was administered by the mouth or subcutaneously, the greater inertness of its effect in the former case being attributable to the hindrance to absorption from the presence of intestinal contents. The lesions induced by a toxic dose comprised fatty degeneration of the kidneys, necrosis of the salivary glands and pancreas, and hæmorrhagic infarcts in the renal pyramids. The chief action of thallin is antipyretic, but it is capable also of moderating inflammation. As regards typhoid fever it was administered by Ehrlich in two different ways. The first plan consisted in commencing with doses of 0.06 gramme every hour, and reducing the dose to the minimum required to give any effect. The other plan was to commence with a minimum dose, and increase it until an effect was produced, and then to continue the prescription at the dose thus attained. The action of thallin is especially noticeable in its effect on the sensorium and general condition of the patient, who presents the appearance of convalescence, whilst the splenic swelling and roseola are still present; and if the drug be discontinued the temperature will rise again. It is not therefore surprising to learn that, whereas of twenty-eight cases treated by bathing the average stay in the hospital was thirty-seven days, of seven cases treated by thallin (minimum doses) the duration of treatment was forty-seven days and cases on a scale of progressive doses thirty-eight days. However, Prof. Ehrlich claims advantages for the drug in the absolute control it exerts over pyrexia, and the sense of well-being enjoyed by the patient. There were no intestinal hæmorrhages in these cases, and no instance of perforation. The kidneys were not affected, but sequelæ in the form of hyperæmia and œdematous swellings seemed due to the use of the drug. It was not thought that thallin had any specific action against the typhoid bacillus, but it did seem to limit the degree of intestinal ulceration. Prof. Ehrlich considers it to be on a level with the bath treatment. Dr. Fränkel pointed out that if the statement was correct that thallin is not found in the nerve centres its action in reducing temperature was rather inexplicable. He had exhibited it in increasing doses, but could not say that the patients experienced any special benefit attributable to the diminished fever. Dr. Guttmann had not been favorably impressed by its use, and had noted the production of rigors.—*Lancet.*

The Curability of Alcoholic Cirrhosis.—A short time since M. Trosier communicated a case to the Société Médical des Hôpitaux in which the ascites resulting from cirrhosis of the liver had disappeared under the influence of iodide of potassium and strychnia, and the visceral lesion itself had seemed to be cured. In the discussion which ensued, it was pointed out that ascites sometimes passes away spontaneously in the course of a cirrhosis, and, on the other hand, the affection of the liver may go through all its phases without giving rise to peritoneal effusion. M. Troisier now goes further. He asks whether there does not exist a particular form of alcoholic cirrhosis in which the lesion, stopping short of destruction of the liver-cells, is susceptible of retrogression; and he relates another case in support of this hypothesis. A confirmed drinker, aged sixty-eight, was under the care of a colleague, and presented all the symptoms of hepatic cirrhosis. Between the months of December and September 165 litres of fluid were removed by tapping at different times. At the present time the peritoneal cavity is empty, the liver slightly enlarged, and the patient in excellent health. M. Rucquoy said that he had seen several similar cases, and he entertained no doubt that other members of the Society had had a like experience.—*Lancet*, Dec. 25, 1886.

Treatment of Diabetes.—Prof. Da Costa, in laying down the treatment in a clinical case of *diabetes*, gave the following: Avoid the use of sugars and starches; substitute gluten or bran bread for bread, and glycerine for sugar, if need be. Best avoid stimulants, but as disease progresses may allow claret, whiskey or brandy. Relax rigid diet occasionally and let patient satisfy cravings. Can give meats, fish, all green vegetables and most fruits. *The* remedy is opium or codeia, but hold in reserve, because of habit. Any alkaline treatment is a good one: Carlsbad water, carbonate of soda or potassium, in an effervescing form, are best. Sodii salicylas, in gr. xv doses in glycerine and water, flavored with compound tinct. lavender, three times daily, Prof. Da Costa thinks, does very much good. Strychnine, as an alternative, will undoubtedly do good. Ergot, ʒss–j of fl. ext. ter die, will do good, but not with such marked results as in diabetes insipidus. Sulphide of iodine and nitrate of uranium are also mentioned as remedies.—*Col. and Clin. Rec.*

Sir James Paget on Sentiment.—At luncheon held in St. Bartholomew's Hospital a few days ago, to celebrate the reopening of St. Bartholomew's Chruch, Sir James Paget gave utterance to a manly and practical view of the question of sentiment as a source or spring of action. We are too much inclined to despise or undervalue sentiment in this day of pretentious realism and affected precision. It is well that great and trusted scientists, whose words must needs have weight with the whole profession, should be both able and willing to speak out on this topic. We wish the speech of Sir James Paget had been reported in full. Meanwhile one sentence is worth preserving, and might well form the text of a sermon addressed to those who seem to think that because science claims to rest on facts, such fancies as supply the material of sentiment must needs be disregarded. This is a fallacy that cannot be too frequently or forcibly exposed.—*Lancet.*

Pleural Effusion in Influenza.—A case was related by M. Roques at the same Society, in which influenza in a young girl, nine years of age, characterised by severe cerebral symptoms, headache, earache, stupor, and feverishness, was terminated on the tenth day by a pleural effusion, followed by speedy restoration to health. The child was not rheumatic, nor were her parents. In the disscussion that followed, M. Dreyfus reminded his hearers that the late Professor Gubler was in the habit of calling the attention of students to the effusions which occur in the course of different inflammatory diseases of the respiratory passages. M. Guyot mentioned a publication by Dr. Gilbert of Havre, on

seven cases of pleuritic effusion complicating influenza. M. Desnos observed that during the war he had frequently seen pleurisy consecutive to influenza.

M. Roques, in reply, said that he had not intended to discuss the pleuritic symptoms that sometimes complicate the affection under consideration. He wished to called attention to the transitory pleural effusions which are seen at the termination of the malady, and which he considers to be "critical" manifestations of the natue of a fluxion, and similar to what occurs in the respiratory tract.—*Lancet*, Dec. 25 1886.

Death of a Niece of Harvey.—W. H. Allchin writes to *The Lancet* (Dec. 18, 1886): "In the obituary column of to-day's newspapers is recorded an event which is suggestive of interest to our profession. 'On the 1st inst. at Upp Hall, Braughing, Mrs. Towers, in the ninety-eighth year of her age, the last surviving daughter of the late Admiral Sir Eliab Harvey, of Rolls Park, Essex.' In the press and hurry of our day's work, the notice is likely enough to pass unheeded; but that it refers to the last of the seventh generation in direct descent from that prosperous city merchant, Eliab Harvey of London and Chigwell-park, brother of the discoverer of the circulation of the blood, should be enough to claim a moment's attention from anyone who has the slightest reverence for the past. From time to time, outside our special professional life, the public interest is awakened by the overthrow of some fresh pretender to the rightful glory of the immortal physiologist and physician, by the erection of a statue in his native place, by the reverent reentombment of his remains, or by the publication in facsimile of the note-book in which he himself recorded his observations and his labours. But gratifying as these events may be, they lack the living breathing kinship that the above simple announcement awakens. The deceased lady was the last of nine children of Admiral Sir Eliab Harvey and Lady Louisa, daughter of Earl Nugent. Her three brothers died childless in their father's lifetime, and in that line at least, with the name of Harvey ends. How the gallant old admiral, who for forty years fought the battles of his country, and ended by commanding the *Témeraire* at Trafalgar, is duly set forth on the marble tablet in Hempstead Church, where he sleeps with fifty of his kindred. His birth in 1758 takes us back a century ago, and those who are curious in such matters may fill in the steps 'twixt him and his first namesake, if they consult the pedigree of the Harvey family as set forth in Wilson's History of S. Laurence Pountney, of London, 1831, at page 228, and the coffin incriptions in the Harvey vault, lately published in the Miscellanea Geneaologica et Heraldica, vol. i, series 2."

Should Preachers Pay.—Under the above heading, Dr. George R. West, in the *Atlanta Medical and Surgical Journal*, makes a vigorous protest against the custom of not charging any fee for professional services rendered to a minister of the Gospel or his family.

The arguments put forward are in the main sensible and sound, although the picture is not quite so dark as Dr. West paints it. He believes that, in the interests both of the clergyman and physician, the custom should be abolished. By it the clergyman is put at a disadvantage, because he cannot always have his choice of medical attendants, but must take one out of his flock. Then, since he makes no payments in money, he must feel a delicacy in calling upon the physician to the extent which he would often, perhaps, desire.

According to Dr. West, if a clergyman sends for his physician "at an opportune time, or happens in his office when he is idle, he will receive prompt attention with great courtesy. If however, he sends when that physician is tired, or if the weather happens to be disagreeable—it being cold, wet, or in the night-time—the physician will stay at home, he finds who wants him. If it had not been for that abominable custom which would prevent him from charging for his services, he would have rendered them."

We can hardly believe that such things

as this often happen. No honorable physician would do his duty any the less thoroughly because he received no money equivalent. If medical services can never be conscientiously dispensed except on a commercial basis, then medicine is only a trade, after all, and its dignity is gone.

Dr. West goes on to say: "Under the existing customs, if a preacher or his family is being attended by a doctor in whom they lose confidence, it is a very awkward thing to demand that the doctor cease his gratuitous visits, and then call in another. If it was a money transaction, it could be accomplished in a business way."

He also states that it is not for the interest of the physician to treat the minister without compensation, although the reasons put forth are hardly so convincing.

Perhaps it is a fact that preachers do, as a rule, pay more, indirectly, than other people for their medical services. In our opinion, the custom does its greatest harm to the clergy; and it is with them that reform ought to originate.—*Medical Record.*

Medical Items.

Rough on Fevers.—This is the popular name suggested for antipyrin, antifebrin, and thallin.—*Med. Rec.*

Koch's researches on Cholera have been confirmed and extended by Drs. Tizzoni and Cattani, of Bologna, who have taken advantage of the recent epidemic in cholera in the north of Italy to study the subject.

The Medical Record says that there are at present at the various German universities no fewer than 157 professors between the ages of seventy and ninety. Of these, 122 deliver their lectures as usual.

A new hospital for contagious diseases, having a capacity of four hundred and forty-eight beds, is about to be erected in Milan. In addition to the main building there are to be separate pavilions for small-pox, diphtheria, and typhus fever.

According to the *Medical Record*, London has only 90,000 paupers, according to its census, yet it treats in free hospitals 1,000,000 of patients annually, at a cost of $2,500,000. Its annual hospital deficit is $250,000.

The fair which was recently held at the New Central Park Garden in aid of the Montefiore Home for Chronic Invalids, a Jewish institution, was attended by over seventy thousand visitors, while the receipts amounted to more than $160,000.

Wm. Sprague, otherwise known as the "Living Skeleton," who was on exhibition in this city several years ago, recently died at the age of 46. His weight was 40 lbs. Sprague bequeathed his remains to the Harvard Medical School.

Dr. Wing, a veterinary surgeon, treated a horse which died of lock-jaw. He unfortunately scratched his hand at the post-mortem. Tetanus developed, and he died of the disease. The *American Veterinary Review* thinks that the case was an illustration of Verneuil's view that equine tetanus may be conveyed to man.—*Med. Rec.*

A case of scrivener's palsy was recently treated by Prof. Da Costa in the following manner: Put the hand at rest by splint, and every second or third day use alternate douches of hot and cold water. Begin the injection of one-eightieth grain of strychnine every second day, and gradually increase to one-fiftieth, into the affected parts.—*Col. and Clin. Rec.*

The great Lacaze prize of 10,000 francs, that is awarded every four years for the best work on the treatment of fevers, typhoid in particular, has just been given to Dr. Albert Robin for his work called "Leçons de clinique et de thérapeutique médicales." M. Robin is one of the professeurs agrégés at the Faculty and a relative of the late Professor Robin.

We learn that the trustees of the Massachusetts General Hospital have decided to build a new ward, to be devoted to abdominal surgery. The details of its arrangement have not yet been all decided upon, being left largely to the judgment of the surgical staff, but the general idea is that of an operating theatre with bed attached. The foundation will soon be laid.—*N. Y. Med. Jour.*

The statement in the recent address of the President of the College of Physicians of Philadelphia, that Rush "was the only physician whose name is on that energetic arraingment of the Crown" (the Declaration of Independence) should not pass unchallenged. Josiah Bartlett, of New Hampshire, and Lyman Hall, of Georgia, were successful practising physicians; Oliver Wolcott, of Connecticut, studied for the profession.—*Boston Med. and Surg. Journal.*

It may be well to know that when the *chloride of gold and sodium* cannot be obtained from the usual sources, it may be procured from photographers, who use it in finishing processes for certain portions of their work. Prof. Bartholow continues to advocate and claim for this remedy the efficacy of its use in the various *scleroses*. Especially is he most positive in his assertions as to its benefit in interstitial nephritis after the acute symptoms have subsided.—*Col. and Clin. Rec.*

Original Articles.

THE DIFFERENTIAL DIAGNOSIS OF CANCER IN THE MESENTERY.*

BY W. C. VAN BIBBER, M.D., OF BALTIMORE.

It was a surprise to me, whilst making some investigations connected with this paper, to find that the differential diagnosis of cancer in the mesentery may almost be considered as a new subject. To present the matter clearly there are so many points to be submitted for consideration, and such a necessity that each one should follow the other, in a proper sequence, that there is evidently a choice of ways in which the subject may be presented.

Fortunately the high authority of Lord Verulam is applicable in such an emergency. He advises to commence by what he terms "the opening of the way." By this is meant, a statement of the facts connected with the case; and of these facts, I have a record of three cases, with which to begin.

Case I.—Miss Mary B——, æt. 23, had been healthy as a child, a girl, and a woman, until about the middle of Nov., 1884. She was at that time engaged in teaching school, and being placed under favorable circumstances, there was no known cause to which her sickness could be attributed. She commenced by complaining of pain in the back. Soon the pain was referred to the left side, and gradually became more diffused and incessant. Yet as to location, it was always referred to the left side; sometimes in the hypochondriac, then in the lumbar, and sometimes again in the iliac region. The pain was always described as a deep-seated, internal, never ceasing pain. Of its character there was less uniformity; sometimes it was said to be lancinating, making her cry out. Again, it was steady and constant; sometimes shifting from point to point, over a surface embracing the three regions mentioned. She had been attended during the course of her sickness by several physicians, who had tried many means of alleviating this pain, but without success. Finally, whilst Dr. J. Houck was her attending physician, I was called in consultation. I first saw her on the 10th of February, 1886, after she had been sick and under treatment for about a year and four months. I had no difficulty about expressing a diagnosis. A large tumor in the left hypochondriac region with well marked pointing and fluctuation over the middle of it, accompanied by pain, a weak thready pulse, and a general cadaverous appearance of the patient, left no doubt in my mind that it was an abscess, and most probably of the spleen.

To my great surprise, however, Dr. Houck's longer study of the case had taught him to think quite otherwise. "There can be no abscess" said Dr. Houck, "because at no time, has there been any rigor, and the thermometer has never been above normal, but, on the contrary, most frequently, it has been sub-normal."

Notwithstanding this evidence, such was the firmness of my conviction, that, at my earnest solicitation, it was agreed to return the next day and aspirate the supposed abscess.

In the meantime warm poultices were ordered to be applied to the spot where "pointing" was then so distinct.

When we returned the next day, the appearance of the parts had entirely changed. The size of the tumor had subsided, there was no longer any pointing, or perception of fluctuation. Such a change was scarcely credible; so that the needle was passed deeply in at the point where fluctuation was so distinctly felt the day before. No pus was obtained.

Professor S. C. Chew saw the patient with Dr. Houck and myself on the next day. He declined making a diagnosis. The patient died on the 20th of February, 1886. On the 21st, when we were assembled for the autopsy, I again committed myself to the diagnosis "of an abscess somewhere, most probably in the peritoneum." Drs. Houck and Chew again declined committing themselves to a diagnosis.

The autopsy was made by Dr. Claude Van Bibber, who has furnished this report. "Body emaciated and pale. Only

*Read before the Baltimore Academy of Medicine January 18, 1887.

the abdominal cavity opened. Immediately on dividing the peritoneum a large hard mass presented in the umbilical the left hypochondriac and lumbar regions. Examination showed this to consist of the mesentery which was immensely enlarged, and as hard as cartilage. It was irregular in shape, and involved in the disease, was the left kidney, enlarged to the size of a cocoanut, and very hard. On section its tissue was dense and fibrous, no trace of kidney structure remaining. The right kidney was enlarged, but upon section, the structure was normal. The small and large intestines were completely devoid of fat, and had a thin and shrunken apperance. The other organs were normal."

Dr. Chew took the specimen to the Johns Hopkins University to have it examined microscopically. It was the intention to exhibit it to this Academy with this paper, but unfortunately the specimen has been lost.

Case II.—H. Sardine, æt. about 65, whose disease was of more than a year's duration. He was a private waiter, temperate, well and comfortably provided for, and no adequate cause could be assigned for his sickness. His early symptoms are indefinitely described, but consisted for the most part of constant and deep seated pains in the abdomen with constipation. When the bowels were forced by purgatives the pains increased, and toward the last were principally in the rectum. For these reasons and also from the character of the moulded fæces, the diagnosis of his physicians was "stricture of the rectum."

Dr. Nathan Gorter, assisted by Dr. Claude Van Bibber made the post-mortem examination of this case. Their detailed report of the autopsy is long and minute, so that those points only which apply to the subject now under consideration will be given. The report says: "The mesentery was the part most completely involved in the disease. It was harder than cartilage, and equally without vascularity. It was four inches thick, and twelve inches broad. It pushed the other viscera from their situation *in situ*. The meso-colon was largely diseased, as also the meso-rectum, which gave reason for the diagnosis of "stricture of the rectum."

Case III.—Mr. F——, which I reported in the Transactions of the Medical and Chirurgical Faculty of Maryland in 1876. The diagnosis before death was "cancer of the omentum." The autopsy was made by Dr. C. F. Bevan. A synopsis from his report says:

"The omentum was small and atrophied; stomach, liver, spleen, pancreas and kidneys normal, small and large intestines normal except in size and color. They were thin, shrivelled and wasted, and of a peculiar pink hue. The mesentery alone was diseased; it was three inches thick, by fifteen inches broad. Macroscopically, in consistence it was harder than the hardest cartilage. No trace of a single vessel in it could be found. Microscopically it was examined by Professors Bevan and Tiffany. The cells found were of a mixed and undefined character."

I have not been able to find any case like this on record, and more will be said of it hereafter.

There are three cases, and three autopsies. The scalpel revealed three cases of cancer of the mesentery.

There were three mistakes in diagnosis. One case was mistaken for abscess of the spleen; another for stricture of the rectum; and the third for cancer of the omentum. The object of this paper is to show, if it is possible, how cancer of the mesentery may be recognized with greater certainty.

So far as my study of the subject has gone, this is a point, which needs elucidation and authority.

Without tracing the subject further back than 1855, the date of the issue of of "Copeland's Medical Dictionary," which was supposed to be the most comprehensive book of its time, I fail to find in it, or in any of the many excellent systems, or compendiums of the Practice of Medicine which have been published since; or, even in any of the special works upon diseases of the abdomen, any detailed assistance towards "the differential diagnosis of cancer of the mesentery." It is casually

mentioned in some of the authorities, but not especially dwelt upon.

Yet, I cannot assert, that much more than I have been able to find, may not yet be contained in the wealth of the National Library, or referred to in the "Crœsus" pages of the Index Medicus.

He who has more of the excellent and exceeding virture of the Patriarch of old, than I have; or whose days go further towards the days of the son of Enoch, than any of us can expect to go, must complete the search, and correct me, if I am wrong.

The suggestions which will now be made concerning the differential diagnosis of cancer in the mesentery and the points to which attention will be called, are, the frequency of the disease, some of its anatomical peculiarities, its duration, its symptomatology and pathology.

One point to be taken into consideration in the diagnosis of any disease, is its frequency. The importance of any disease, in general practice, is also measured, in some degree, by its frequency.

In what proportion of the cases of abdominal disease mesenteric cancer occurs, is, as yet, not numerically established. The data which I can give, or have been able to collect, on this point, can scarcely as yet be considered as even a basis for conjecture.

The number of autopsies which I have made in my own private pratice, together with those at which I have assisted in the private practice of others, amount to 152. Of these, three deaths have occurred from malignant disease of the mesentery. But this will give no real data for the proportional frequency of this disease, because the autopsies made in private practice are only occasional opportunities and are principally of recondite cases, of which a diagnosis during life, was most difficult.

Of the 152 post-mortems 68 were of abdominal diseases. In 1 the mesentery alone was affected. In 2 the mesentery was so much more affected than any other organ that it was reckoned as the cause of death. In 7 other cases the mesentery was, more or less, involved in the malignant disease. This gives for the 68 cases, 14.7 per cent. of mesentery disease. This may be considered too large a proportion for abdominal diseases generally; but it is intended to approximate to the proportional figure for malignant diseases of the mesentary when other abdominal organs are involved.

The next point to which attention will be called is, what assistance can be obtained for the diagnosis of mesenteric cancer from a study of the anatomy of the part?

It will be admitted, upon reflection, that the means to be commanded, and the physical explorations which can be used, to facilitate the diagnosis of disease of the mesentery, are necessarily limited. The exclusion of other diseases, holds a more prominent place in this, than in the diagnosis of almost any other organ. Otherwise than by exclusion, the diagnosis must be made entirely from symptoms which must be studied.

In order to show this important point more clearly, let me recall to you a few points in the anatomy of the mesentery. M. Sappy, who is high authority upon the anatomy of the viscera, says: "In measurement the plane of the normal mesentery is not larger than the hand. It is six inches long by four in width. It is a membraneous pedicle to which the convolutions of the intestines are attached upon its moveable border. This pedicle of an irregular quadrilateral figure, extends from the left side of the second lumbar vertebræ to the posterior border of the cæcum. Its direction is not vertical, but a little oblique from top to bottom, and from right to left. It is highest in the middle part and arches to its extremities. Firmly attached posteriorly it undulates with a fluted border and has been compared to a fluted cuff, the outer edge of which bears like a ruffle the small intestines from the jejunum with the ilum to the cæcum. The mesentery is formed by a folding of the peritoneum two blades, upon each other. Between these blades from the base of the pedicle, run voluminous arteries, corresponding veins, lymphatic ganglions, and a quantity of cellular tissue. Such are the parts which compose this mem-

brane." The anastamosis of the arteries are free and numerous. They anastamose with the colic, the sigmoid, and the hæmorrhoidal arteries.

A knowledge of its anatomical peculiarities as compared with those of other organs, may assist the study of its diagnosis in disease.

It is important to observe, that, as a pedicle, the mesentery is attached behind, to a thick and hard base, and cannot be approached by the sense of touch from any direction. It is not possible to reach it by sight or sound, therefore, the senses are excluded from our means of diagnosis.

In order to show yet more clearly, the difficulties to be encountered in the diagnosis of disease in the mesentery, let it be compared, in this respect, with the diseases of the viscera, in the other three cavities of the body.

In the encephalon, some of the means now relied upon for a diagnosis, are the knowledge possessed of the localized functions of the separate parts of the two brains, together with the tracings of the nerves which go out from these organs. This, in its entire embrace, is one of the most absorbing studies of the day, and is being advanced with industry.

The means for the diagnosis, of the diseases of the viscera, within the cavity of the thorax, are amply facilitated, by four of the senses.

The viscera in the cavity of the pelvis, by the same, and even more largely assisted by other means; especially by instruments.

But the changes which occur in the mesentery cannot be thus aided by physical exploration. Other means must be relied upon.

What is the function of the mesentery? Although it is necessary to the support of human life, it has no active function. It simply serves as a support, or a table, for the transmission of vessels going to organs which sustain life. When a free flow through these vessels is being gradually obstructed health must be impaired, and finally when completely obstructed life must be extinguished. A knowledge of what changes may occur while this process is going on is worthy of study, and to assist in demonstrating this point, there are three prominent analogues of similar pedicles and pediculated bodies, to be found in the human body. These are, the roots of the lungs; the spermatic cord, and the ovaries. It is scarcely within the range of fair anatomical definition, to speak of the neck as the pedicle of the head; although in certain diseases of the neck the circulation of the blood, in the head, is impeded.

The lungs have no vascular connection with the body except through their roots. They are otherwise completely isolated. All that enters into the parenchyma, or substance of the lungs, in health or in disease, or what is removed from them in this latter condition, must pass through the roots of the lungs. Diseases in the roots, as well as in the substance of these organs, may be recognized by various means of diagnosis, and it is known, that when the disease involves the root, the body of the organs beyond suffer in a peculiar manner. The peripheral circulation, both of ingress and egress, are impeded, and those who treat diseases of the lungs with these facts before them have advantages. In pneumonia, for example, how can the masses of plastic deposits be removed except through the roots of the lungs?

The same may be said for the testes and the spermatic cord. I am now treating a case, in which the circulation through the spermatic cord of the right side is nearly obliterated, and the testicle upon that side is correspondingly affected.

The diseases of the uterine ligaments, which transmit vessels to the ovaries,are sometimes difficult to diagnosticate, but these are more easily reached than the mesentery, and the rules which govern the diagnosis in the one case cannot all be applied to the other.

Duration of the disease. There is but little certainty as yet upon this point, because there are not enough cases collected, from which to obtain an average. It may be said, as a rule, that cancer is a disease of long duration. In my own cases, all three of them were under treatment more than a year. The

nearest approximation to which I can arrive, is 40 months for the three cases. This gives an average of 13.3 of a month for each case. The difficulty consists in not being able to determine the initiation of the disease. By what train of symptoms, when grouped together, may the disease be first suspected?

A rule which may be applied to the answer of this question may be expressed somewhat in this way. Granting that an existing disease, in any individual, can be fairly located in the abdomen; then, if it be obstinate, unrelievable and progressive, malignancy may be suspected or inferred. Again, if in the progress of the disease the symptoms do not show by well known pathognomonic and individual symptoms that other organs are involved, as for example, the stomach, the liver, the pancreas, spleen or kidneys, then it may be inferred that some rarer form of disease exists. Such a train of reasoning may, by being closely followed, finally lead up to the opinion, that there is cancer of the mesentery.

What are, besides these, its own pathognomomic symptoms? The three cases which I have reported had one symptom in common. But the third case given, viz., that of Mr. Fondriat, is remarkable. So far as I can find out, it stands solitary and alone, in the fact that the mesentery was the only organ found involved in the malignant disease. The post-mortem was made most carefully and in the presence of many experienced physicians, hence the history and prominent symptoms of this patient may be interesting.

He was 68 years of age, and of a strong and healthy figure. His occupation had been formerly a distiller, and laterally a lace finisher. He had always been temperate. His symptoms from the beginning to the end were those of an aggravated, and increasing indigestion, or dyspepsia. He had constant uneasiness in the abdomen and many acute and prolonged pains. These pains were always referred to the region of the mesentery. The most painful symptom was an obstinate constipation. For the relief of this he used powerful purgatives and enemas. The action of these remedies was invariably attended with intense suffering, and generally with the expulsion of a small amount of fæcal matter. He had disturbed sleep, anorexia, and emaciation. He had beside these, many other wandering pains, but the great peculiarity of his pain, and also that of the other two cases, was that of being deep-seated, constant, sometimes acute and lancinating in character, at other times dull and wearing. These pains were always referred to the region of the mesentery. Under anodynes the pain would be ameliorated, but only to return as the anodyne effect wore off.

This is what may be said for the symptoms; concerning the pathology the third case reported, may be considered a rare opportunity and a treasure. The mesentery was the only organ involved. It is a solitary case, consequently the pathology of the disease, so far as I can give it from my own knowlege must include only this one case. All the other cases had complications.

It was well put by Professor Bevan, "The small and large intestines," he said "were normal except in size and color, they were thin and shrivelled, and of a peculiar pink hue."

This might have been anticipated from the nature of the disease.

All blood supply and vital activity had been cut off from the intestines.

The same fact, and illustration of the same principle may be seen in nature every day. They may teach us.

A full blown flower, when the circulation of its sap is impeded by a disease, or a break in the stalk, shrivels, and changes its color as it dies.

There is another law supposed to govern the frequency of cancer in the abdominal organs which should be mentioned. It is this, that the abdominal organs are attacked, with malignant disease in numerical frequency, according to the supposed activity of their physiological functions. Thus, first the stomach, then the liver, third the intestines, and of these latter the most frequent points for malignant diseases, are the cæcum, the sigmoid flexure, and lastly the rectum.

Judged by this law of function alone, malignant disease of the mesentery might reasonably be expected to be of rare occurrence.

Concerning the diagnosis of cancer of the mesentery, I have shown that in frequency it may be expected in 14.7 per cent. of all malignant abdominal diseases. If it is thought that this is too large a proportion, time, and futher observation will prove it to be so.

It must be remembered that this is an approximation to the number of cases where the mesentery is involved in the malignant disease together with other organs, not where it is primarily affected, and the sole organ diseased.

I have endeavored to show not only how a study of its anatomy as a pedicle, and its use as a support for the circulating vessels of the intestines, may assist in the matter of a diagnosis, but I have tried also to show how its study, together with its analogues, as a pedicle, may illustrate many practical points of interest and usefulness.

Further than this I have shown what character of pain may be expected to demonstrate the disease, and how the diagnosis may be facilitated by a careful study of the character of the pains.

In the single case, which has been brought forward so frequently, it is believed there is not one like it upon record, and it well deserves to serve as a starting point in the study of the differential diagnosis of cancer of the mesentery.

Medical Progress.

REPORTS ON DISEASES OF CHILDREN.

BY A. K. BOND, M.D., OF BALTIMORE.

Marked Improvement in Disease of the Heart.—Dr. Holt (*N. Y. Medical Journal*, Jan. 8th, 1887) reports the cases of two children, sisters, 12 and 14 years old, under observation five years. They both had marked dilatation of the heart, with systolic murmurs, following rheumatism. Both are now in good health and active. The hypertrophy of the heart is at a stand still, and the dilatation is diminishing, the murmurs being less distinct than formerly. The cases show that in children cardiac disease is well borne and the system accommodates itself to the abnormal condition.

Hysteria in Children, Due to Malaria.—In the *N. O. Med. and Surg. Jour.*, October, 1886, Dr Bemiss gives an account of two striking cases of this affection. The children, both male, one of 6 years, the other of 20 months, had been treated by reliable physicians for malarial disease, but neither had fully returned to health. In each case a peculiar condition of hyperæsthesia apparently hysterical in character, came on as the malarial symptoms became less prominent. This hyperæsthesia affected in the older patient the abdomen, thighs, knees and feet in succession. There was no pain except upon pressure, nor heat, nor swelling. When asleep he occupied positions which seemed, when he was awake to give him intense pain. He had a temperature above normal. In the younger patient the feet and legs became extremely sensitive to the touch, though not painful except when pressure was made upon them. He was fretful but showed no elevation of temperature. In the former case the hyperæsthesia lasted more than three weeks, resisting treatment with quinine, etc. In the latter case the use of quinine, iron and arsenic with warm baths was followed by recovery in one week. He finds in Henoch's Lectures on Diseases of Children, similar cases described and classified, and tonics, change of scene, warm baths, and especially opiates recommended in the treatment.

Purpura Hæmorrhagica in a Child.—Dr. Lanneau (*N. O. Med. and Surg. Jour.*, Oct., '86) reports a case of this disease in a child of two and a half years issuing in complete recovery. The patient while in good health began to suffer from "biliousness." After a prodromal stage of this sort, lasting three days, she began to complain of pains in the lower limbs, and examination re-

vealed numerous ecchymoses varying in size from a pinhead to a silver dollar. During several days following vomiting of large quantities of grass-green fluid occurred with abdominal pains and discharges of mucus and blood from the bowels. About the tenth day, while the ecchymoses, which had been confined to the lower half of the body, were changing color and fading away, œdema of the upper part of the body, and especially of the face occurred, accompanied by drowsiness.

Nevertheless the patient steadily improved, although a large ecchymosis appeared during convalescence. No elevation of temperature could be detected during the illness. The treatment consisted in nourishment and the injection of tinct. of iron, ergot, quinine and whiskey in small doses into the rectum.

THE LYMPHATIC GLANDS IN CHILDREN. —In an interesting article on the Pathology of the Lymphatic Glands in Children (*N. Y. Med. Jour.*, Jan. 8, 1887), Prof. Read states that these glands are in childhood especially liable to disease, on account of the activity of the lymphatic system at this period. They may be affected (*a*) in consequence of injury to the skin, of "colds," eczema, etc., by simple adenitis, which issues in recovery if the exciting cause cease to act. (*b*) In congenital syphilis, where all the lymph glands, superficial and deep-seated, including spleen and thymus, are found enlarged, showing a harder surface and more induration than in other diathetic diseases, *not tending* to suppuration, and curable by anti-syphilitic remedies. (*c*) In rachitis, in which all the lymph glands, especially the spleen, are enlarged, being rather soft to the touch and not apt to suppurate, the general economy not being much affected by the gland changes. (*d*) In scrofula and tuberculosis, in which the gland changes are far more dangerous than in any other diseases of children. As scrofula and tuberculosis resemble each other in their symptoms, so the gland changes in the two are very similar, and we may consider them under one head. All of the surperficial glands are enlarged, being softer than in syphilis, and tend to show inflammation and prolonged suppuration. When a group of surperficial glands is affected those of them which lie deeper suppurate first, those lying abve them being found still cheesy if incision is made to reach the pus. The deep-seated glands most frequently affected are the mesenteric and the bronchial. Simple enlargement of the former may cause malnutrition by pressure on the lacteals. Suppuration in them may cause the well-known symptoms of abdominal phthisis. Enlargement of the latter may be detected by percussion, and (according to Eustace Smith) by a compression-murmur over the descending vena cava when the head is bent back. Suppuration in them causes hectic, and at times acute general tuberculosis.

Society Reports.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING HELD JAN. 12, 1887.

The President, J. SOLIS-COHEN, M.D., in the chair.

Dr. H. A. Wilson read, on behalf of Dr. John B. Roberts, the report of a case of

SUPRAPUBIC LITHOTOMY, FOLLOWED BY DEATH FROM PERFORATING ULCER OF THE STOMACH.

The following case of removal of stone from the urinary bladder by the suprapubic or high operation, is reported as proving the position which I have so long insisted upon, that this operation is easily accomplished, and is free from many of the dangers of the lateral perineal operation.

C. H., aged sixty-three, applied to me for relief from frequent urination, and other bladder symptoms, and was sent to the wards of the Pennsylvania Hospital. Upon the introduction of the

lithotomy sound, it was easy to discover the presence of a stone. When the catheter was used, the stone was struck before any urine was drawn from the bladder, apparently proving that the calculus lay close behind the prostate gland. The patient was a very fat man, with poor circulation, and evidently a bad subject for etherization or operation. The urethra was large and easily distended. It therefore seemed to me proper to attempt the removal of the stone by the rapid crushing method.

With this object in view, I had him frequently dilated with large bougies, in order that the urethra and bladder might become tolerant to the contact of instruments. Subsequent to this preparatory treatment, I made an attempt to crush the stone with a lithotrite, expecting to evacuate the fragments by the ordinary method of Bigelow. Repeated efforts proved the impossibility of seizing the stone, either because it was too large to fall into the grasp of the blades of the instrument, or because it was encysted behind the prostate gland. Even with a finger in the rectum, and with the jaws of the lithotrite turned downward, seizing the stone was impossible.

As the man's perineum was deep, and as I believed that the perineal operation was inferior to the suprapubic one, because of the liability of hemorrhage, of injuring the seminal ejaculatory apparatus, and also because of the supposed size of the stone, and its possibly encysted character, I determined to perform the suprapubic operation.

After etherization, a rubber bag, to which was attached a long tube, was placed in his rectum, and filled with about twelve ounces of warm water. The bladder was afterward filled with six or eight ounces of a weak solution of bichloride of mercury. A three inch incision was then made in the median line through the skin, and a depth of nearly two inches of adipose tissue. The muscles were then separated, and the tissues torn through with my finger until I came upon the distended bladder. By means of a curved needle I passed a string through the top of the bladder, and brought both ends out of the wound to serve as a handle by which the bladder could be held up close to the surface. A longitudinal incision of about an inch in length was then made in the anterior wall of the bladder from above downward. The water immediately escaped from the bladder, and on the introduction of my finger I felt a large flattened stone lying in the lower portion of the organ, but not encysted. After some little difficulty the calculus was seized in ordinary lithotomy forceps and drawn out of the bladder; the wound was then closed with interrupted catgut sutures. The muscles were brought together by buried sutures of catgut, and the integument subsequently closed in the same manner. A drainage tube was carried in at the middle of the incision and pushed down into the space between the anterior wall of the bladder and the pubic bone. The edges of the wound were finally sprinkled with powdered iodoform, and the odinary antiseptic dressing of gauze and corrosive sublimate applied. A hard rubber catheter was left in the urethra in order to drain the bladder. At the end of twenty-four hours it was found impossible to keep the catheter in the bladder because of the pain which it gave the patient. Accordingly his urine was drawn at intervals by means of a catheter similar to that originally introduced, but it was very difficult to keep the dressings properly applied and avoid their becoming soiled by the urine.

Three days after the operation the wound seemed well united along the surface, and a couple of days later the drainage tube and two of the sutures were removed. Dribbling of urine soon began to occur through the opening left by the withdrawal of the tube. This continued until eight days afetr the operation, upon which day the last suture was removed. On the evening of the same day the patient vomited about six ounces of blood, and during the straining of the vomiting on that day, or on account of the sitting up in bed a few days later, the wound became gaping throughout its entire length. The edges of this reopened wound were again brought to-

gether by sutures of silkworm-gut and shot.

From this time forward the man's general condition was bad, although the wound gradually closed, except superficially, and all dribbling of urine from from the wound ceased. In fact, he seemed to have recovered from the local effects of the operation and to have left merely the deep wound through the skin and surperficial fascia. Here the granulations were sluggish, and the repair of the opening in the fatty tissues and skin very inactive. He was, however, able to pass his urine normally through the penis, so far as urinary symptoms were concerned, was in a very comfortable condition. There persisted, however, nausea, a dull, uncomfortable feeling of pain in the epigastric region, and a total want of appetite. I was unable to make any definite diagnosis as to the meaning of these symptoms. Disease of the liver or stomach were the suggestions which came to mind.

Two months after the operation he suddenly suffered intense pain in the epigastrium, and immediately went into a condition of profound shock, from which he never reacted. A few days before this time he had been sitting up in a chair every day, and the wound in the abdomen was almost closed. He had no trouble in urinating, and was very comfortable, except for the epigastric pain and the great weakness.

The post-mortem examination showed a large gastric ulcer the size of a silver dollar, which had caused perforation of the walls of the stomach, and had allowed its contents to escape into the peritoneal cavity. The cause of the vomiting of blood, of the impaired nutrition, and of the constant pain which he suffered for many weeks before death, was, therefore, shown to be a gastric ulcer, probably present before the time of operation, but latent in regard to symptoms.

The ease with which the suprapubic operation can be performed, due largely to the distention of the rectum and bladder by the fluid forced into them previous to making the first incision, was clearly demonstrated in this case. The facts that union of the bladder wound and early restoration of the functions of the bladder in regard to urination readily occur after the high operation for stone, and that wounding of the peritoneum is easily avoided, make this method of removing vesical calculi very satisfactory. The unfortunate death of the patient from disease of the stomach does not in any way vitiate the results of the operation; for, although the patient had not recovered sufficiently to be discharged from treatment, still the operation had effected the results which I sought.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, HELD DEC. 6, 1886.

The President B. F. Bear, M.D., in the chair.

The Secretary read a report of

616 CASES OF LABOR IN PRIVATE PRACTICE,

by Dr. H. H. Whitcomb, of Norristown.

Up to March 31, 1886, I had attended 616 cases of obstetrics. I have had no death of a mother and only two still-born children; one of these was destroyed by ovariotomy. The forceps have been used in two cases only. I have had no case of twins. I have had one case of elbow presentation, one shoulder, one hand and face, and three breech presentations; all the others were by the vertex. Placenta previa was present in two cases at full term and in two miscarriages, one at seven and one at five months. Puerperal convulsions occurred in two patients. A series of thirty-two cases of puerperal fever, but fortunately without a single death, followed me in the Winter and Spring of 1882. The first case occurred after I was in attendance on a case of scarlet fever and was followed by three other cases, the next two or three obstetric patients escaped, when I was called to attend a woman who was confined convalescent from erysipelas. The fever

developed in her and then every case I attended that Winter and Spring suffered from it. Consultation confirmed the diagnosis in all the cases. One instance was after a miscarriage at seven months following pneumonia. The patient had a tedious convalescence, but has since had a child weighing 13½ pounds. I tried to stop attendance on this class of patients but could not get rid of them. The epidemic ceased as suddenly as it commenced, and I have not had a case since. The smallest child delivered at full term, weighed three pounds and lived only three days. Three deaths of infants have occurred from trismus and four deaths in children a few days old, for which I was unable to assign a cause. They simply moaned until they died, while they appeared to be in good condition. I had one case of hour-glass contraction and four of severe post partum hemorrhage at term. My success I ascribe to patient waiting and conservatism. I do as little meddling as possible and do not use antiseptic injections. The credit is partly due to my old teacher Prof. Penrose, who is a safe guide to follow; I owe much to his careful instructions. I see so many doctors who in almost every case of obstetrics they get, if they arrive before the child is born, put on the forceps to "hasten delivery and shorten the woman's suffering." I am very positive that this frequent use of the forceps is abuse. I have had a number, possibly twelve, of ruptured perineums, they were immediately stitched with a perfect result in all cases. I have never had a vesico-vaginal fistule, although one of our teachers would impress his classes with the idea that these cases occur in the hands of the country practitioner. I might say the only cases I have ever seen were those in the care of the city doctors.

Dr. H. A. Kelly remarked that Dr. Whitcomb's report was full of interest, and in criticising the observer must be careful not to impose the rules and statistics of an average Philadelphia practice upon the Norristown people. While it is true that ailing delicate women live and require obstetrical services in Norristown as elsewhere, yet it is a fact that in Philadelphia the up town mill-population, from all over the civilized world, and the down-town population of pampered society women and alley offscourings, present very different problems to the accoucheur.

With notable exceptions labor in the country is *easier*. Differences of the same kind in a greater degree exist between our native and the foreign population. I was much struck with this fact this summer when I went to the Anatomical Institution in Leipsic, to Herr Dornfelder, to buy a normal female pelvis. I was going to Berlin to return in a month, and instructed him to find a pelvis as near a normal specimen in the museum as he could in the large amount of material passing weekly through the institution. On my return he gave me a specimen I now have in my office, which was the nearest to the normal he was able to find; and he assured me that a normal pelvis was rare. This dried pelvis with artificial ligaments measures: Sp.I 25½ c.m., Cr. I 29½ c.m., Cr. 9 c.m. Dr. 13 c.m. The argument as to different necessities in different localties holds with regard to the use of antiseptics.

Dr. Wm. Goodell read a paper entitled

A YEAR'S WORK IN OVARIOTOMY.

In it he stated that he had had, during the past year, fifty-nine laparotomies, but that lest his paper should be too long, he should limit himself to the consideration of his ovariotomy cases. Of these he had thirty-nine cases with three deaths.

Of these deaths one occurred on the table from the difficulties of the operation. It was a dreadful case of intraligamentous cyst with universal adhesion, from which it was shelled out without a pedicle. The ureter had to be dissected out for twelve inches, and the entire colon, womb, bladder, and small intestines were attached to the cyst. It was a very forlorn case from the start, and he operated merely from a sense of duty. He stated that in the

removal of intra-ligamentous cysts the ureter is in great danger; and he believed that it had been repeatedly torn across without the knowledge of the surgeon. Dr. Goodell stated that before the death of this case, he had in succession twenty-two successful cases, and afterwards a series of eight cases before the next death took place, viz., then one case with one death. The second death was due to obstruction of the bowels in a case of large fibroid of the womb and ovarian cyst, weighing sixteen pounds. On account of the fibroid both ovaries were removed. He had had his share of cases of obstruction but this was the first fatal one in his recollection. The remedies that he used were calomel and belladonna by the mouth, and turpentine by the rectum. The obstruction is due to the adhesion of a knuckle of intestine either to the stump of the pedicle, to the abdominal wound or to some denuded surface. As soon as symptoms of obstruction presented themselves, he always aimed at once to open the bowels.

The third death occurred in a case of malignant cystic disease of both ovaries in which the operation was incomplete. Malignancy had been suspected but the operation was forced on him on account of the excessive pain from which the woman suffered. Yet, he argued from his own experience, and from that of Schroeder and Martin, that other things being equal, it was always wise to remove ovarian cysts, even when malignant, for patients' lives would be greatly prolonged by the operation.

The right ovarian cyst had no pedicle, but ended in a brittle cancerous mass as large as his fist. This with very great difficulty was ligated *en masse*, and the bleeding vessels were secured separately. The left ovarian cyst was so fastened to the womb, pelvis and broad ligament by masses of cancerous excrescences that he did not attempt to remove it. He would have abandoned the case after he had discovered the nature of the complications, but he had gone too far to recede, for his hand had been inside of the right cyst to break up its septa, and blood was flowing profusely from it. The lady died twenty-six hours later from shock and hemorrhage.

He stated that some ovariotomists do not report their incomplete operations as their exploratory incisions, but that he thought it fairer to do so. If his memory served him no trick, this was the only incomplete operation for ovarian cyst that he ever had. None of his cases had been selected, and he had refused to operate in one case only, and that one on account of epithelial cancer of the cervix; so that he did not have any exploratory incisions to report. He had twenty-one cases with adhesions; a very large proportion of which he attributed to the tendency women in this country have of postponing the day of operation. He also had had twenty cases of double ovariotomy; but this large number was due to his rule of removing the second ovary in all malignant or suspicious cases, in all cases which have passed the climacteric, in all cases of incipient disease, and always when asked by the patient to do so. He further stated that he still adhered to Listerism and that he used Keith's dressing of one part carbolic acid to seven of glycerine.

DISCUSSION.

Dr Parish cited a few instances of evil results following abdominal tapping for purposes of diagnosis or for relief from distention. In his first ovariotomy case, with the view of clinching the diagnosis, he aspirated and withdrew a few drachms of somewhat cloudy ovarian fluid. The patent presented some symptoms which in a few days became grave; pain in the tumor, rigors, rapid and feeble pulse, and high temperature. I operated during the existence of these symptoms, and found suppuration of the interior of the cyst and extensive adhesions; both conditions doubtless dependent upon the aspiration; the patient recovered.

A few years ago a well-known medical gentleman of this city aspirated a tumor supposed to be a multilocular ovarian cyst. Though the fluid was stated to verify the diagnosis, the pa-

tient miscarried in one or two days of twins at about the fifth month, and the tumor proved to be simply a uterus enlarged by reason of a multiple pregnancy.

I have recently seen in the Philadelphia Hospital a shocking case of labor, in which active labor pains began one week previous to her admission to the hospital. No urine had been voided for several days. Pregnancy was denied by the patient and her friends, and was not recognized by two physicians. The woman was small and deformed, and in the abdomen were two fluctuating tumors, one due to a distended bladder, the other the uterus. Aspiration was resorted to in both tumors, a procedure that was not only unnecessary for diagnostic purposes in this case, but which would have been highly detrimental to the patient, had not neglect and protracted labor already determined a rapidly fatal result. Though tapping for relief, and especially for diagnosis is less frequently resorted to than was the practice some few years ago, even now it is too frequently done.

In reference to the development of cancer or sarcoma after the removal of seemingly benign ovarian tumors, I have seen recently an example in a patient operated on by Dr. Hickman and myself. A large cyst of one ovary and a small one of the other, both free from the appearance of malignancy, were removed and the patient made a tardy recovery. In about a year sarcomatous growths developed in the neck and axilla, and a large one in the abdominal wall of the lumbar region. The patient died a few days ago and the autopsy was made by Dr. Morris Longstreth, and though the sarcomas referred to were present, there was not intra pelvic disease. An interesting feature was the total disappearance of the ligature of iron-dyed-silk with which the pedicles and several vessels were secured about eighteen minutes previously.

Dr. H. A. Kelly stated that while simple tapping often was in no way injurious it was also often productive of grave injury, and one of his own cases illustrates this point very well. The patient having a cyst weighing 100 lbs. was tapped in the left illiac region by a notorious homœopathic surgeon. She had previously suffered from pressure symptoms. From now on she suffered from severe inflammatory pains around the puncture, and at the operation the extensive dense adhesions at this point constituted the chief difficulty. She is now well, more than a year since the operation.

It is a cause for mutual congratulations, that their results are becoming so good. The whole credit of this lies in the thorough use of antiseptic agents, the rendering the field of operation completely *aseptic*.

He believes too, that our cases at home are more difficult than those now being operated on abroad. The tumors we operate upon are older, and with the increasing age of an ovarian tumor occur many changes detrimental to the patient, depression of vitality from pressure symptoms, diversion of so much albumin from the system at large, surcharge of the emunctories, as well as adhesions and unfavorable changes within the tumor itself.

Keith's dressing of a strong carbolized glycerine has rendered excellent results in my hands in at least twenty cases.

Dr. Goodell, in answer to a question by Dr. Baer, said he operated during menstruation merely from pressure of time on the part of the patient, and little or no effect was produced on the discharge by the operation.

Dr. Joseph Price, in commenting upon some points alluded to in Dr. Goodell's paper fearing the contaminated atmosphere of a general hospital, cited the statistics of two hospitals, special department of Birmingham General Hospital and Birmingham Hospital for Women, covering a period from January, 1878, to September, 1885. Special Department of General Hospital, ovariotomy 35 cases, 11 deaths, 31.4 per cent. Birmingham Hospital for Women, ovariotomy 268 cases, 19 deaths, 7.1 per cent. During the same period the total number of intra-abdominal operations in the Special Department of General Hospital, 85 cases with 21 deaths; mortality,

24.7 per cent. Birmingham Hospital for Women, 632 cases with 49 deaths mortality 7.7 per cent. One point as to the value of the spray, quoting from Keith's report of cases treated in the Royal Infirmary, Edinburgh. *Carbolic acid spray cases.*

Ovariotomy, 21 cases, 18 cured, 3 died.

Hysterectomy for fibroid 2 cases; 2 cured.

Battey's Operation 1 case, 1 died.

Twenty-four cases with four deaths, 16·66 per cent.

Boro-glyceride spray cases.

Double ovariotomy with hysterectomy 1 case died.

Hysterectomy for fibroid one case recovered. Result with boro-glyceride spray; two cases with one death.

No spray:

Ovariotomy 47 cases, 46 cured, 1 died.

Hysterectomy for fibroid 7 cases, 7 cured.

Battey for fibroid 1 case, 1 cured.

Interstitial pregnancy 1 case, 1 cured. 56 cases with one death.

Mr. Keith says, "No cases of serous cysts of the broad ligament were operated on. These all were treated by tapping and none of them have returned." One such case that Dr. Price saw died a few days later. Of Dr. Keith's cases, one-half had no adhesions.

Dr. Montgomery expressed pleasure at hearing Dr. Goodell's details and success, and considered his success gratifying, especially after tapping. A patient came to him one month after tapping. She had a high pulse, septicemia, large adhesions to viscera, etc., putrid clots in the tumor and died on the fifth day with a temperature of 105°. He does not approve of tapping broad ligament cysts. One patient with such a tumor was tapped seven times. He afterwards removed the tumor and did not have a single vessel to tie. In this case the peritoneum had been pushed up by the tumor and was not opened until late in the operation.

Dr. Goodell made a few remarks on the subject of statistics. Dr. Keith's have improved, not because he has given up the spray, but because he has grown to his work. Dr. Goodell will give up the spray because it is an intolerable nuisance. As to the question of malignancy of ovarian tumors, it has been said that "all ovarian tumors are malignant and should be so treated." This is too sweeping; but the tumors should in all cases be removed as soon as possible, as soon as it is discovered.

Dr. R. P. Harris desired Dr. Parish to report the present condition of the patient from whom he had removed the ovarian tumor exhibited by him before the Society, at its meeting on March 4th, 1886, the day after the operation. Dr. Parish requested Dr. Harris, who had seen her much more recently than he had, to report her condition. Dr. Harris stated that notwithstanding the fact that the tumor was largely solid; that it had grown rapidly; that the solid portion had an appearance of malignancy, and that there was a small morbid growth projecting upward from the fundus-uteri, the lady was to all appearance a well woman. He saw her on December 26th, when she claimed to have perfectly recovered her health and strength after a very prolonged convalescence. Her appearance and activity certainly indicated that her statement was correct. The uterine nodule must have been as fibroid as had it been cancerous, it must have materially developed in nine months. The future of this case will be of much interest.

A Disinfectant for Apartments.—The following will be found useful in the disinfection of houses:

Camphor	3 v.
Chloride of lime,	
Alcohol,	
Water	āā 3 xij.
Essence of eucalyptus	
Essence of cloves	*āā* ♏ xvj.

Mix; put in a large bottle, and allow to cool.

A few drops, sprinkled upon a napkin will disinfect a room.—*L'Union Médicale*, December 16, 1886.—*Med. News.*

MARYLAND MEDICAL JOURNAL

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BALTIMORE, JANUARY 29, 1887.

Editorial.

THE CURABILITY OF CANCER BY OPERATION.—The origin of cancer is one of those mooted questions upon which men will continue to hold opposite opinions. The arguments in support of its local and of its constitutional nature are constantly being cited by the respective advocates of these two theories. It is quite noticeable, however, that those who deal with the clinical features of cancer are pronounced advocates of the local theory. There are well-known facts which may be presented in support of this view. It is a significent fact that cancer commences at one point and thence spreads, first along lymphatics to neighboring glands, and subsequently, through the medium of the blood, to more remote tissues. The disease follows its own course and propagates itself to secondarily infected parts by transmission of its proliferating cells from the original growth. These cells are the only known cause of infection. When once formed they have the power of multiplying themselves in the tissues in which they find lodgement. Cohnheim maintained that certain embryonic cells from the epiblast remain latent in the tissues of the body until some conditions of irritation or other local change provoke them to activity and growth. According to Hubert Snow the phenomena of malignancy result from conditions which irritate normal protoplasm and cause it to proliferate abnormally and to assume a quasi-independent parasitic vitality. These conditions may be mechanical or neurotic. Cancer shows a predisposition for certain organs, such for example as the uterus and the breast, and most frequently attacks them whilst undergoing retrograde metamorphosis. But this rule is not invariable as the history of numerous cases will show. Irritation has been advanced by Virchow as a determining cause, though many exceptions occur to this rule. In seeking to account for the origin of cancer upon any one line of theory advanced numerous exceptions must be admitted.

The strongest proof of the local theory is found in a study of clinical facts. It must be admitted that the successful removal of the earliest local manifestations of the disease gives firm support to the local theory. There are no clinical facts to show that cancer begins as an affection of the blood either primarily or secondarily. The general system is never affected in any recognizable way before the local disease has shown itself. The blood is most probably a carrier of the cancer cell, but the disease does not begin in this fluid. A study of the evidence in support of the local origin of cancer enforces the importance of an early recognition of the local manifestation of the disease and the necessity of its prompt removal. It is quite true that cancer manifests very different degrees of malignancy in different situations and behaves very differently under varying conditions. The disease does not always have its origin in organs or tissues which are accessible to removal by the knife. It may be stated as a maxim, upon good authority, that whenever removal can be promptly effected it should follow by a radical excision of the morbid growth. The sooner this is undertaken and the more thoroughly the morbid tissues are excised the less probability is there of a return of the disease. Statistics can be adduced without number in support of this method of treatment. In many cases years may intervene before a return of the disease. In other cases a positive cure by the knife is an established fact. A recurrence of the disease at the original site, or in distant organs, can

not be urged as a contraindication to the use of the knife. In certain cases it is probable that the disease has been eradicated at the point of its first manifestation; the disease may then manifest itself elsewhere from the same influences which led to its development in the tissues previously removed. Under such circumstances it would be proper to attack the morbid growth a second time, or as many times as circumstances might show the possibility of its eradication. Under this plan of excision life may be greatly prolonged and comfort be secured.

In a paper on this subject, read before the Practitioner's Society of New York, January 7th, 1887, (*Medical Record*, January 22, 1887,) Dr. George F. Shrady advocates *in extenso* the view here expressed and presents numerous facts in support of this proposition. Dr. Shrady believes in the curability of cancer by operation, when operation is undertaken under favorable conditions. He summarizes his conclusions under the following propositions:

1. Cancer is essentially a local disease, and can be cured by operation in spite of recurrence.

2. Operation, when it does not cure, prolongs life and diminishes the total amount of suffering.

3. Operation should be repeated as often as there is any chance of entirely removing recurrent growths.

4. The earlier and the more thoroughly the operation is performed the better.

5. The disease, when it recurs, is generally of a milder type than that of the original growth, less painful and less exhausting.

6. Antiseptic surgery makes more radical operations possible, with better ultimate results, than formerly obtained.

In the discussion following the reading of Dr. Shrady's paper, Dr. J. D. Bryant took the position that whether the disease be local or constitutional the only rational means of effecting a cure of cancer was by operative interference. He advised operating early and often under strict antiseptic precautions. Dr. C. C. Lee advised excision in cases of malignant disease under ordinary conditions at as early a stage as possible.

Dr. R. F. Weir agreed with the opinion that cancer is a local disease, and he looked favorable upon the theory that it was of germ origin. He thought the surgeon should not only operate early but widely from the diseased part. He gave statistics of 700 breast cases, which gave a recovery, lasting more than three years in ten per cent. Dr. W. T. Bull was in accord with what had been said concerning the necessity for early as well as very radical operations. Dr. Bull advised an exploratory excision in breast cases with the view to an early diagnosis. Other speakers coincided in the conclusions summed up by Dr. Shrady.

The question of internal treatment of cancer by arsenic and other agents was discussed and disposed of in a manner which disproved the value of the method. It is a noticeable fact that the Chian turpentine treatment of cancer, advocated by Mr. Clay, of Manchester, England, was not referred to in the discussion.

Medical Work by Women in China.—We have before us an interesting pamphlet which presents an "Annual Report of the Hospital for Women and Children," at Foochow, China, prepared by the physician in charge, Dr. Kathe A. Corey. The work done by Dr. Corey illustrates in a most creditable manner the valuable services the female medical missionary, may render in a country of such dense population and superstition as China. The city of Foochow has an estimated population of over 1,000,000 people. It is one of the great literary centres of China. In 1851 Bishop Wiley, the first medical missionary from this country, opened a dispensary in Foochow, and for three years rendered medical services to such people as sought his skill. His work languished along until 1874, when an attempt was made to establish a hospital in Foochow. During this year a female physician was appointed to this field by the M. E. Mission. In 1877 this hospital was completed and patients were received for treatment. From that date until the present time many patients have been

received and cared for by this institution. In 1884 Dr. Corey became the physician in charge, and it is during her administration that most encouraging progress has been made. During the past year medical instruction has been given in connection with the hospital and four students are now being prepared for the medical profession. The course of instruction, as mapped out in the "Report," is thorough and more advanced than that offered by many schools in our own country. In connection with the "Report," Dr. Corey gives a classification of diseases treated and of surgical operations she has performed since she assumed charge of this work. The list embraces nearly all the diseases ordinarily met with in practice. Among the surgical operations performed by Dr. Corey were cataract, iridectomy, amputation of breast, laceration of the cervix, cleft palate, etc. The "Report" is a strong argument in support of woman's fitness for the medical missionary field.

A Flourishing State Medical Society.—The programme announcing the annual meeting of the New York State Medical Society, which will meet at Albany on February 1st, 2nd and 3rd, shows a most flourishing state of activity and interest in medical work. No less than forty-seven papers are announced to be read before the different sessions. The titles of these papers, which are contributed by some of the leading minds in the profession in this country and abroad, show a very wide range of study and discussion. In order to dispose of such a bulk of manuscript the twenty minute rule will be enforced. Any paper consuming more time in its reading than this must be presented in abstract. Among the papers announced is one by Sir Spencer Wells on "The Duty of the Medical Profession in Promoting Cremation."

Miscellany.

Inhalation of Ether in Non-expansion of the Lungs.—Dr. John H. Jones (*New York Medical Journal*, August 21, 1886) recommends *the inhalation of ether in non-expansion of lung* due to adhesions of pleural surfaces, occurring after pleurisy with purulent effusion, in aponeurosis of children, and asphyxia neonatorum. After absorption or artificial evacuation we frequently find that a long-continued effusion in the pleural sac is followed by destructive changes in the corresponding lung. Many remedies have been tried with the object of expanding the air-vesicles and preventing the occurrence of carnification, but with unfavorable results. The most effectual treatment heretofore has been that of breathing compressed or rarefied air. But by far the best method in Dr. Jones' experience is inhalation of ether. He has used it on three patients with very flattering results, and can confidently recommend it to the profession as the best means of dilating the air-vesicles and restoring the lung to its natural state. If the adhesions have not been of two long standing, and are not very dense in structure, they will certainly yield, and, once overcome, will be permanently obliterated. The inhalation should be pushed to complete narcosis. The inhalation of ether is also recommended in the asphyxia of the new-born.—*Med. Record.*

Inoculation of Tuberculosis.—Lehman (*Deutch. Med. Wochensch.*, 1886, No. 9—13.), describes the following remarkable instance of what would certainly appear to be inoculation of true tuberculosis. A Jew in a small town in Russia, when in advanced phthisis, circumcised ten children and sucked the wounds (as is usual). These children after eight or twelve days presented the following lesions:—In the region of the preputial wounds there were small nodules, ending in shallow dry and indurated ulcers; and in three weeks there was enlargement of the inguinal glands.

Antisyphilitic treatment produced no result. Three of the children died at the end of several months of tuberculous meningitis, without the inguinal glands having suppurated. Four others had suppurated inguinal glands with ulcerations of the skin and iliac abcesses. They

died of hectic, with the exception of one who died of intercurrent diphtheria.

The remaining three recovered, after having for a year presented all the signs of tuberculous ulceration of the inguinal glands.—*The Practitioner.*

Chian Turpentine in the Treatment of Cancer.—In the *Lancet*, October 1886, p. 720, Dr. John Clay records three cases of epithelial cancer, in different positions, each treated by Chian turpentine. These are not isolated cases, but are types of a number of successes obtained by similar treatment in a number of cases during the last six years.

One case was that of a gentlemen aged 59 years, who was suffering from epithelioma of the tongue, which was first noticed about December 1884. On March 30, 1885, he was seen by the author; there was an ulcer about the size of a sixpence at the junction of the root of the tongue with the floor of the mouth; its edge was hard and everted, and there was a row of raised shot-like epithelial growths proceeding from the ulcer along the side of the tongue. There was an enlarged submaxillary gland about the the size of a pullet's egg. The author gave an unfavorable prognosis, but suggested the following treatment. A mixture containing eight ounces of Chian turpentine (Southall's), and two drachms of resorcin, two teaspoonfuls to be given three times a day: the ulcer and growths to be painted on alternate days, respectfully with chromic acid solution (ten grains to the ounce) and solution of perchloride of mercury (one grain to the ounce). One month later no improvement had taken place; if anything, the glandular enlargement was more marked. The treatment was still persevered in, and, on June 30, the report was very satisfactory. The ulcer of the tongue had healed, and the gland had almost dispersed. In July another ulcer was detected on the other side of the tongue; this was painted with the two solutions, and in about a month it had disappeared. In December 1885 the patient seemed quite well. Another case was that of a woman aged 52 years, who consulted Dr. Clay on Oct. 20, 1883, on account of a growth occupying nearly the whole of the upper lip, and involving the lower portion of the left ala nasi. It presented a fungating raised appearance, and was irregular in outline. A small portion of the growth was examined under the microscope, and presented the characteristic signs of epithelioma. The raw surface of the growth was painted with perchloride of iron and dressed with vaseline. The *simple* Chian turpentine mixture was given thrice a day, in two teaspoonful doses. At the end of thirteen weeks the mass had separated, leaving the lip free from hardness, with a white cicatrix about the size of a shilling. In August 1886 the patient was quite well. The third case was that of a woman aged 54 years, who had cancer of the os and cervix uteri. She was placed on the Chian turpentine mixture; at the end of five months the growth had disappeared, and the patient had gained 15 lbs. in weight.—*London. Med. Record.*

Chloroform as a Hæmostatic.—Dr. Betz (*Memorabilien*, 1885, No. 5, *ibid.*) relates two cases of uterine hemorrhage in which he found chloroform of great utility in its arrest. In the first case fearful hemorrage followed a protracted labor which had to be terminated by the forceps. There was atony of the uterus, and hot water injected into the uterus failed to produce contractions. A sponge, saturated with chloroform, was passed into the uterus, and some chloroform was poured on the abdomen. On the introduction of the sponge, a severe burning pain was felt along the genital passage, strong contraction of the uterus took place and the bleeding ceased. The second case was one of hemorrhage following an abortion at four months, which continued in spite of the ordinary treatment, and the patient became cold and pulseless. Chloroform was applied locally to the inside of the uterus through the means of a sponge, in the same way as in the first case. The same burning pain was experienced, contractions of the uterus took place, and an arrest of the hemorrhage ensued. The action of chloroform, Dr. Betz observes, differs

from that of the ordinary astringents, not inducing coagulation of the blood as they do, but causing narrowing and closure of the blood-vessels in consequence of muscular contraction. The use of chloroform in this way may supersede the hypodermic injection of ether. —*New York Medical Journal.*

Jequirity in the Treatment of Chronic Granular Metritis.—Brodè gives the following case. Vulva and vagina hyperæmic and hyperæthetic.

Uterus enlarged, painful to the touch. The cervix enlarged, congested, covered with fine miliary granulations, a plug of dense mucus in the canal. The sound was passed with pain, and caused slight bleeding; the cavity of the womb was slightly enlarged. These symptoms had lasted three years. The vagina and the cervix were thoroughly cleaned with a solution of five per cent. of sulpho-carbolate of zinc, and then 150 grammes of a 1 per cent. solution of jequirity, into the cavity of the uterus. The piston of the syringe was then drawn out so as to aspirate the solution from the uterine cavity. The cervix was then painted with the same solution. After about twelve hours, uterine pains appeared, with some fever, which lasted four days and never exceeded 102° F. Micturition was painful; there was no discharge from the vagina. The patient was up at the end of a week, and then appeared a slight catarrhal discharge. After ten days the cervix was found disminished, rosy, and covered with young epithelium, the external os covered with dense catarrhal mucus. The sound passed without pain, and no bleeding; the uterine cavity was of normal extent. The period came on after a few days, and was normal in quantity and duration. This had not been the case throughout her illness, and the period before had lasted twenty days. The patient some months after was in perfect health. —*London Medical Record.*

The Transmission of Anthrax from the Mother to the Fœtus.—The question whether anthrax can be communicated by the mother to her offspring before birth is still undecided. Branell and others believe that the bacilli cannot pass by way of the placenta to the fœtus—the placenta, so to speak, acting as a filter, and preventing the passage of these organisms into the blood of the fœtus. He inoculated an animal during gestation with the virus of anthrax, and death ensued in two days. He then infected four healthy animals; one with blood from the dead mother, three with blood taken from the organs of a fœtus; the animal infected by the blood of the mother died next day, whilst those infected by the blood of the fœtus evinced no sign of the disorder. Strauss, on the other hand, states that he has found the bacilli in the fœtal blood, but admits that the number of bacilli found in the body of the fœtus is very small.—*Brit. Med. Journal.*

Iodine in the Treatment of Glandular Swellings.—In an address on "Practical Therapeutics," read at a recent meeting of the Medical Section of the Academy of Medicine in Ireland (*Dublin Jour. of Med. Sci.*, Dec., 1886), Dr. James Little says: "In the United Kingdom thousands of pounds are annually expended in the purchase of iodine, which, after solution in spirit, is applied to enlarged glands in the neck and elsewhere in the body to promote their disappearance. The impetus to the employment of the iodine was given by Lugol fifty years ago, and given so strongly that it has reached our days apparently with undiminished force, and, quite recently, rather acrimonious discussions have taken place as to the merit of rendering the application colorless. Yet its value is a matter on which every practitioner should be able easily to form his own judgment, and any one who does so independently will, I think, soon arrive at the conclusion that if the solution employed, whether it be colored or colorless, is a weak one, such as the pharmacopœial tincture, no effect whatever is produced; whereas if it be a strong one, such as the pharmacopœial liniment, the result is that the enlarged glands get more enlarged, and if the application is continued an abscess forms in the surrounding cellular tissue."—*N. Y. Med. Jour.*

THE USE OF COCAINE IN CORYZA.—Dr. Amory Chapin, of New York City, writes to the *Medical Record:* "I desire to attest to the beneficial results of cocaine in acute coryza. I have used the cocaine solution on a number of patients with throat and nose disease, who have been and are subject to 'cold in the head,' and have prescribed for their own use a four per cent. solution of cocaine whenever they were troubled with the disagreeable affliction, and it has been almost universally successful, often aborting the disease. I have found the combination of 'Dobell's Solution' with the cocaine work better even than the cocaine alone. I advise the use of the combination solution in atomizer (hand bulb), and recommend that the solution be warmed to an agreeable temperature before being used in spraying the nares."

LISTER AND ANTISEPSIS.—Sir Joseph Lister is said to be making extensive trials of various non-volatile antiseptics, double chlorides, and double cyanides of mercury chiefly, and with results which appear to be most satisfactory. In addressing his class, after operations, Sir Joseph Lister speaks with all his former confidence as to the healing of wounds under the simpler methods at present employed, which do not now include the troublesome spray or impervious waterproof dressings—*Med. Record.*

RINGWORM IN A NEW-BORN INFANT.—A correspondent of *The Lancet* writes that a lady, who for sometime past had had a dread of ringworm appearing in any of her children, was delivered of a female child which was found to have several spots of ringworm on its body and one on the scalp. These have gone on increasing, and now rather an extensive surface of the back is covered with the rings. The writer asks if it is not unusual for this affection to appear in a child of that age.

CHLORAL HYDRATE AS AN ANTISEPTIC.—Dr. Hunter McGuire uses chiefly chloral hydrate as an antiseptic in his practice. As a local dressing for wounds, absorbent cotton, wet with a solution of chloral hydrate, two grains to the ounce, is the one most frequently used. The cotton is kept damp by frequent applications of the solution, and the dressing is removed only once in twenty-four hours.

As a gargle for simple inflamed throat resulting from cold, or for diphtheritic sore throat, the solution above mentioned is the best he has ever used.—*Practice.*

TREATMENT OF DYSURIA.—Mallez recommends the following:

℞.—Terebinthinæ venetæ	ʒij.
Camphoræ	ʒjss.
Ext. opii,	
Ext. aconitii.	āā gr. v.

Ft. pil. 60 in num.

Sig. From one to six pills daily.—*Journal de Médicine*, Dec. 12, 1886.—*Med. News.*

AINHUM.—Dr. T. J. Shepherd, in the January number of *The American Journal of the Medical Sciences*, reports a case of this very rare disease occurring in a negro, aged 47, and he gives a brief general account of the affection.

A CLINICAL STUDY OF CEREBRAL LOCALIZATION.—Dr. Henry Hun reports in *The American Journal of the Medical Sciences* for January, seven cases of cerebral disease, which throw some light on the obscurity which still involves the theory of cerebral localization.

POISONOUS ASPARAGUS.—We learn from the *Lyon Medical* that asparagus grown in certain localities becomes impregnated with minute amounts of sulphide of carbon. Persons eating this are affected with violent colic and diarrhœa.—*Med. Record.*

RETIREMENT OF PROFESSOR PAGOT.—Professor Pagot, of the Paris Faculté de Médicine, recently attained his seventieth birthday, the time at which all Professors in French institutions must retire.

SALICYLIC ACID IN JAUNDICE.—Bartholow says that when the cause of jaundice has been removed salicylic acid will remove the bile-pigment from the blood more promptly than any other drug.

Medical Items.

Small-pox has broken out in New York City.

The London hospitals have received during the past year donations and legacies to the amount of over $2,000,000.

The Hospital Saturday and Sunday collection in New York City has now reached the sum of $48,000 and will probably grow larger.

Dr. Deaver, of Philadelphia, recently removed the right kidney from a patient at the German Hospital in that city. The case was doing well one week subsequent to the operation.

The *The Weekly Medical Review*, of St. Louis, again changes editors. This time Dr. Robert Luedeking retires from the editorial chair and is succeeded by Dr. B. J. Primm. The *Review* continues to prosper all the same.

The experiments of von Frich offer the most damaging evidence against Pasteur's work in hydrophobia which has as yet been brought forward. Von Frich shows that Pasteur's claims are baseless and that the distinguished experimenter has been conjuring himself and the public with hypodermic syringes and harmless solutions. The collapse of Pasteur's work seems imminent.

The Faculty of the Woman's Medical College of Baltimore will give a course of lectures on nursing, to commence February 1st, 1886, and continue six weeks. The lectures will embrace subjects relating to the various branches of nursing, and will be illustrated, when practical, by exhibition of methods to be used in the care of the sick.

The first course of lectures founded by Dr. Middleton Goldsmith, of Rutland, Vermont, will be given under the auspices of the New York Pathological Society, at the hall of the College of Physicians and Surgeons, on the evenings of January 25th and 28th. The lectures this year will be delivered by Dr. M. Allen Starr on "Multiple Neuritis and its Relations to Peripheral Neuroses."

J. T. Ross, colored, of this city, has been convicted of murder in the first degree after a speedy trial in the Baltimore City Criminal Court. Ross murdered an aged poor white woman by the name of Emily Brown and sold her body to Anderson Perry, the attendant in the dissecting room of the University of Maryland. Ross claims that Perry instigated the crime and was a party to it.

A novel use for a Medical College building is aptly illustrated in the case of the College of Physicians and Surgeons of New York. This institution having prospered greatly by Mr. Vanderbilt's liberality now sells the old building it occupied on Twenty-third street and moves into more commodious quarters. The old college building has been purchased by an ice-cream firm and will be used for the manufacture and dispensing of this luxury.

The autopsy of Sprague, otherwise known as "The Living Skeleton," made by Professor Whitney of the Harvard Medical School, shows that the leanness of this late individual was due to muscular atrophy of supposed spinal origin. Sprague died with phneumonia. All the organs of his body, with the exception of his lungs, were found in a healthy condition.

For *tympany* occurring in chronic parenchymatous nephritis and due to peritoneal congestion, Prof. Da Costa directed the following:

℞ Camphoræ, gr. v
Lanolin,
Unguent. belladon. āa ʒss. M.
Ft. unguentum.
Sig.—Apply to abdomen.—*Col. and Clin. Record.*

In *alcoholic nervousness* or hallucinations, Prof. Da Costa prescribed gtt. xv of the fluid extract of erythroxylon, ter die, and increase to tolerance. Also—

℞ Sodii bromidi, gr. xv
Chloral, gr. x
Syrup.,
Aquæ āa q.s ad fʒj. M.
Sig.—As required.—*Col. and Clin. Record.*

An Allopathic Dose.—A lady riding in the cars found herself by the side of an old matron, who was exceedingly deaf. "Ma'am," said she, "did you ever try electricity?" "What did you say, miss?" "I asked you if you ever tried electricity for your deafness." "Lor, yes! I was struck by lightning last summer, and it did n't do me a bit o' good.

Professor E. L. Youmans, the well-known editor of the *Popular Science Monthly*, died in New York City, on January 19th. Professor Youmans did much to popularize scientific subjects and through the medium of his ably-conducted journal has made a successful fight in support of modern scientific views. He was a firm advocate of the doctrine of evolution and has given warm support to Darwin, Huxley and Herbert Spencer, the three great apostles of the Modern School of Science.

The *Medical Record* asserts that cremation does not seem to have been flourishing to any great extent in New York. There is a very fine crematory but the cremation Society has only contributed two of its members to the flames during the past year. Our contemporary suggest that this is not taking up the cause very warmly.

The Baltimore Cremation Society has been several years in search of a location for a crematory. The chances are that as many years will pass before a practical test will be given to the work of incineration.

Original Articles.

NEURASTHENIA.*

BY A. B. ARNOLD, M.D.

Professor of Clinical Medicine and Diseases of the Nervous System, in the College of Physicians and Surgeons of Baltimore, etc.

The term "neurasthenia" was first introduced by the late Dr. G. Beard, of New York, to denote a peculiar functional disease of the nervous system. One of the principal reasons he assigns for the neglect of this nervous disorder by previous observers, is the great difficulty of analysis and classification of its symptoms. Neurasthenia, he maintains, is exceedingly common in the United States, owing to the widespread influences that favor its development. Perhaps the frequency of its occurrence in this country is only apparent, for, as he remarks, Americans seek medical aid for the relief of ailments which, as a general rule, cause less anxiety to European people. Dr. Beard's first publications on this subject encountered much adverse criticism at home. Nervousness, or rather nervous weakness, it was said, had always been recognized as a morbid condition giving rise to a host of symptoms, clinically distinguished by designations in accordance with their supposed dependence on special disturbing causes. Every one is familiar with the phrases such as cerebral anæmia, spinal irritation, the neuropathic diathesis, irritable weakness, oxaluria, etc., etc. Bouchut's nervosism not only included all the affections implied in the said designations, but embraced every possible functional disease of the nervous system. The Griffith brothers had before him indulged in an analogous exaggeration of the pathological importance of the so-called spinal irritation. Dr. Beard has fallen into a similar error, in claiming for neurasthenia a multiplicity and variety of symptoms, which would hardly justify the attempt to set up any other species of functional nervous disease. But the merit can not be denied to him that he opened a new line of investigation fertile of practical results. Every busy practitioner will admit that he frequently meets with obscure and anomalous symptoms which he finds difficult to refer to any individual disease with which he is conversant. If the patient be a female and the morbid phenomena point to disturbance of sensory or motor functions independent of any tangible affection he is very likely to suspect hysteria. Supposing the patient is of the male sex, he will probably be tempted to seek for the cause in some disorder of the nervous system. It is curious to notice in this connection the colloquial change the word nervous has undergone. Originally it implied a vigorous quality, and we still speak of the nervous style of a writer. We now signalize a person as nervous when he is easily agitated or morbidly impressible. Experience did not fail to teach what physiology leads to expect, that numerous and diversified disorders of the nervous system are traceable to the debilitating influences of physical overexertion and mental strain. The word nervousness is at any rate an unscientific expression. Dr. Beard deserves, therefore, much credit for having drawn attention to the great prevalence of nervous exhaustion and the many disguises it may assume.

Neurasthenia belongs to a group of neurotic diseases, having in common with all of them, transmissibility and a tendency to appear under different forms, not only in different individuals, but in the members of the same family.

A recent German writer* indulges in some curious speculations concerning the important role which neurasthenia has played in shaping the destinies of races and nations. He says, "when historians speak of the degeneracy and effeminency of celebrated people of the past, they only express in other terms the physical and mental deterioration of those people. That the nervous system received the chief brunt of the injurious influences which brought about such a change, may be infered from its physi-

*Read before the Baltimore Academy of Medicine, January 18, 1887.

*Die Neurasthenia, by Prof. Rudolph Arndt.

ology. Thus the decadence of the Roman power dated from the introduction of luxurious habits and profligate manners. These causes undoubtedly tend to undermine the vigor of physical and mental health. Dr. Beard in the same strain warns his countrymen to take care of the nervous system. But be this as it may, when we come nearer our own time we see many influences at work bearing heavily on the integrity of the nervous apparatus. There is the mental strain which the hot race for wealth and distinction imposes; the unremitting toil to secure a competency; the anxiety and worry of those engaged in public life; the painful efforts to keep up appearances; the vicissitudes of fortune; the heart-burnings, the disappointments, and the numerous penalties we pay for our high-pressure civilization.

If neurasthenia, as Dr. Beard will have it, has picked out our country for its special visitations, it can only be that the etiological factors of this malady are more intensified among us than any where else. He refers to Russia where in contrast with the United States, France, England and Germany the occurrence of neurasthenia is generally believed to be almost unknown. The Russian novelist Turgeyew does not share in this opinion. Many of his life-pictures of the different strata of Russian society give evidences of physical deterioration and premature mental decay.

As neurasthenia sometimes rapidly develops it must be assumed that such an occurrence depends on an exciting cause that suddenly overwhelms the nervous system. In general, however, the disorder comes on slowly, and is probably the final result of a combination of causes, that act as a drain upon the nerve force. This characterization of the pathology of neurasthenia serves to explain the absence of a destructive lesion, the multiplicity and purely subjective nature of its symptoms. Taking for granted that nervous exhaustion is the essential condition underlying the clinical manifestations of neurasthenia, it must necessarily happen that the energy of all the bodily functions, subject to nervous influence will be lowered. Such a state of the general system labors under the disadvantage of losing its normal steadiness in the exercise of its various powers, and in consequence that morbid excitability becomes established, which goes by the name of irritable weakness.

An enfeebled nervous apparatus is also incapable of offering adequate resistance to morbific causes that would otherwise exert but little influence, hence, the numerous ill-defined ailments of which neurasthenic patients constantly complain. Moreover, as the neurasthenic diathesis occurs in every conceivable grade of intensity, it is easy to understand why many of its symptoms are not considered outside the limits of health. Finally, it must not be forgotten, that the insufficient control exercised by the higher nerve centres leads to perversions and aberrations that constitute the most singular phenomena of neurasthenia.

It is usual to make the division of cerebral and spinal neurasthenia. As observed in actual practice, the symptoms of both forms of the disorder are frequently blended.

Among the cerebral symptoms of neurasthenia none is more conspicuous and constant than headache. Many instances of so-called sickheadache are of a neurasthenic origin. Of greater significance is a peculiar distressing sensation of the head, which patients compare to the feeling experienced when some heavy body is pressed on the vertex. A young artist consulted me some time ago for the relief of just such a symptom, which he described to resemble the sensation as if his head were held in a vice. He had abandoned his profession on account of this complaint, which although it did not amount to actual pain was nevertheless of an unbearable nature.* The scalp in neurasthenia is exceedingly sensitive to the touch so

*Dr. F. Runge published in the *Archiv. fur Psychiatrie*, (vi B.) a series of cases under the caption of *Kapfdruck* (head pressure) which presents in many particulars the clinical features of neurasthenia. In nearly half of the cases the etiology embraced conditions and circumstances which are known to induce nervous exhaustion.

that the use of the comb and brush cause pain. Disorders of the special senses are very common, consisting of flickering before the eyes, muscæ volutantes, asthenopia, noises in the ears, a perverted smell and a sour pasty taste in the mouth. Sleep is much disturbed by terrifying dreams. Many patients declare they pass vigilant nights for weeks.

The psychical symptoms of neurasthenia usually partake of a depressing character. Sometimes they amount to utter despondency or melancholia. More frequently the mental irritability shows itself in curt answers, in exhibitions of a morose and peevish temper and not seldom in a disagreeable selfishness. Probably the desire of subduing or chasing away the moods and vapors of which the patients themselves are conscious, is one of the causes that frequently leads them to resort to alcoholic stimulants and narcotics. When such patients fall into the habit of reflecting much on their unpleasant feelings they are sure to become confirmed hypochondriacs.

Morbid fears constitute another set of symptoms which occasionally plague the neurasthenic. Agrophobia, or the fear of open places is most frequently observed; claustrophobia or the fear of narrow places; anthrophobia, or the fear of meeting crowds of people; mysophobia, or the fear of contamination, come less frequently under notice. A variety of these morbid fears I have observed in one of my patients, which I have not yet seen mentioned. A middle aged gentleman who had been unfortunate in stock speculations and had suffered for many years from bleeding piles kept himself in a constant state of misery from self reproach because he blamed the death of one of his friends to catching cold, which might have been prevented if he had not kept his friend standing for a considerable time in a cold draught of air during an interview. When my neurasthenic patient takes a walk he constantly looks out for some substances on the pavement that may possible cause people to slip, and fall. Should he find the end of a nail sticking out in the buildings he passes, he immediately sets about to knock it in. He stops to adjust a loose brick in the side walk, and he has been known to give notice to owners of lumbar yards to remove a piece of timber that happens to project from the pile. A very strange neurasthenic symptom among patients of education and culture is the brooding over the insolvable problems of the universe or some puzzling metaphysical question. Such unbidden thoughts incessantly harrass them, however much they may try to banish them from their minds. But the saddest of all the psychical manifestations of the disorder is the tendency to drift into some debasing vice. The low appetites and propensities appear to gain the mastery over the diminished resistence of the moral power.

An enormous array of symptoms is attributed to the spinal form of anæsthesia. This is due to the extent and variety of functional disturbances resulting from an unstable and irritable condition of the spinal nerve centres. There are few neurasthenic patients who do not suffer from excentric neuralgic pains and muscular weakness of the lower extremities. Real paralysis does not occur, but there is a constant feeling of fatigue and a desire for rest. Patients feel weary and exhausted after ordinary exertions. Lumbar or sacral pain seems to be never absent. The general sensibility is heightened. Slight pressure of surperficial nerves causes tingling; the contact of cold substances produces pain. There is a sensation of burning in the palms of the hands and soles of the feet. Neurasthenic females complain that their shoes press too tighly, and their dresses make them feel uncomfortable, all of which is provoking to trades-people, who dispair to please such customers. The reflex excitability is augmented. Micturition and defecation may in consequence be attended with much discomfort. Muscular hyperæsthesia causes twitching of muscles and painful movement of the joints. Paræsthetic symptoms are felt everywhere, consisting of numbness and the sensations of pricking and formication. Vaso-moter disturbances bring on fitful flushings of the face and partial

sweatings. I remember the case of a young shop-girl who had broken down in health and became the victim of a large number of neurasthenic symptoms. She had frequent attacks of palpitation of the heart and constricting pain about the chest. These attacks were ushered in by extreme reddening of the right ear and neighboring part of the cheek. The same side of the face broke out afterwards into a profuse perspiration. The respiratory symptoms are sometimes of an alarming character, consisting of embarrassed breathing and a choking sensation attended by a tumultuous action of the heart. The gastric disturbance witnessed in neurasthenia constitutes the so-called 'nervous dyspepsia,' which is common in overworked clerks, and seamstresses and no less also among people in different walks of life that impose varied hardships and the deprivation of the required rest and sleep. Such a dyspepsia baffles the usual remedies, unless a change of habits and pursuits be adopted.

It is hardly necessary to mention that the diagnosis of neurasthenia should not be lightly made. Chronic and progressive diseases in their early stages often give no other intimation of their existence than the evidences of a declining state of the general health. The nervous depression, which is then surely to ensue is liable to lend a neurotic feature to the ill-defined symptoms depending on the undeveloped disease, and the more so, if the patient is constitutionally predisposed to nervous affections. On the other side there is a risk to mistake neurasthenic symptoms for serious organic trouble. The experienced physician will find no great difficulty to distinguish neurasthenia from allied nervous disorders, though it must be confessed that the pictures presented by this class of maladies are so frequently confusing by their varigated coloring, or so frequently change into dissolving views, that their distinction often turns upon the choice of a phrase.

There is great scope for the display of tact and judgment in the treatment of neurasthenia. The number and complexity of its symptoms, their fluctuation and proneness to relapses after encourging improvements heavily tax the therapeutical resources of the attending physician. He would do well to take the patient into his confidence should there exist the least reason to believe that preventable etiological factors are at work, which on being abandoned or removed will materially assist the treatment. The patient may either require absolute rest and quiet, or be benefitted by exercise that does not fatigue. The recuperative influence of mountain air or a visit to the sea shore may, under circumstances, be indispensible. Dr. Beard says he has seldom found general anæmia associated with neurasthenia. My experience induces me to differ from him. A judicious course of tonic remedies is often of great value in long standing cases. For the restoration of the muscular vigor, as Dr. Beard has indicated, nothing can surpass the refreshing effects of general faradization. After a number of trials with various remedies which stand in repute for the relief of nervous headache, I give now the preference in the neurasthenic variety to a combination of ether and the tincture of cannabis indica, in doses of twenty drops of the former and ten of the latter. Sometimes these remedies act better after a good night's rest has been obtained from a full dose of chloral hydrate. Great caution is necessary in the administration of opium or any of its alkaloids, for fear of inducing a disastrous habit, to which neurasthenia patients are particularly inclined. The practice of giving now large and repeated doses of the bromides is open to much less objection. In regard to arsenic, phosphorus and the salts of copper and zinc, which are empirically ordered in neurotic affections, I cannot say any thing of a positive character concerning their employment in the treatment of neurasthenia.

One hundred and fourteen counties in the State of Kentucky have regularly organized boards of health, which are working under the regulations of the State Board of Health, —*Ex.*

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING, JANUARY 7, 1887.

The President RANDOLPH WINSLOW, M.D., in the chair.

Dr. Robert W. Johnson presented notes on three very interesting surgical cases.

CASE I.—EXCISION OF HIP JOINT (PATIENT.)

The first case which I have the pleasure of presenting to the Society is that of a boy on whom I did the operation of excision of the hip joint in July last.

Early in that month Dr. Platt, leaving town, turned him over to me with the following history: W. M., 5 years of age, the oldest of three children, the others suffering with scrofulous glands, was first taken sick when 17 months old when he began to limp, had the starting pains at night incident to hip disease and was treated at that time for rheumatism, and after the proper diagnosis was made later was confined to his bed two years, and extension applied. The case progressed favorably under the treatment until, as is so often the fact in this class of life, improvement engenders carelessness and the child was allowed by parents to lapse into his former condition.

When first seen by me his body was emaciated, temperature elevated, some hectic was present, the hip and pelvis on left side raised. Sinuses were discharging from the anterior and posterior aspect of thigh, but there was no marked pain except on pressure. A probe introduced in the direction of the joint disclosed unmistakably the presence of dead bone, a flake of which had been previously exfoliated. The boy was sent to the Church Home, and two weeks after admission, during which time he had the full benefit of comfortable surroundings and got acclimated to his new friends, and improved diet (no small item in the treatment of children, for nothing is more depressing than homesickness in the repair of children diseases), after as, I say, he was satisfied, with the able assistance of Drs. Gavin, Moale, Lockwood, Gorter, Shippen and Moseley, I, under ether administered satisfactorily by Dr. Murdock's inhaler, cut down on the joint on the left side by the semilunar incision above the great trochanter. I found it impossible to follow Sayre's advice, dangerous in the probable tubercular origin of most cases of coxalgia, in children, of detaching a periosteal cup, but was compelled after turning out the head of the bone to saw it off by a chain saw immediately above the lesser trochanter. I found the acetabulum devoid of necrosis, though containing granulation tissue, as I was led to suspect when I had introduced my finger through the first incision of the capsule into the joint and felt the worm-eaten remains of the head and neck. To prevent the accident of closing the acetabulum by the juxta-position of the cut surface of the femur and the acetabulum another piece of bone was removed making the stump transverse and not oblique. The wound was thoroughly washed out with bichloride solution, dusted with iodoform, a drainage tube through the thigh introduced and closed with adhesion strips, the limb being extended and between sand bags.

The boy stood the operation quite well and did not suffer greatly from shock. The next day the splint, as you see it, was applied and the wound washed out daily with bichloride. The wound, except where the tube came out united *per primam* and nothing happened to mar success until a month later when the youngster, anxious to hurry recovery, pulled the drainage tube out. I then took off the splint, lest the continual confinement should tell on his strength, and turned him loose on crutches in order that he might retain as much movement as possible in the joint.

He has been improving in health since, has gotten fatter, sleeps well, suffers no pain and except the sinuses, is

in excellent health. Whether they depend on tuberculous tronble in the bone or not I cannot say. I have not found any bacilli in the discharge, through I have not inoculated a guinea pig with any. He wears a high shoe on his well side to give the other the benefit of its own weight in extension and has more movement than I expected.

I do not propose to operate further at present as any excision below the lesser trochanter renders the limb so useless that amputation is almost preferable.

He must fight it out on the line of cod liver oil and iodide of iron at present and if he improves in the future as he has in the past I think we shall score a victory.

By the kindness of Dr. Chambers I can show you a specimen of bone on which a similar operation had been done. Those who wish to weigh the value of this operation by the statistical method, will find useful papers by Yale and Van Arsdale in a recent number of the *Annals of Surgery*. It is not my object to go into the pros and cons of the operation to night, but simply to show you a result, by no means a perfect succes, but one on the whole I consider justifying the excision in that the boy has now no pain, greater mobility, increased chance of recovery and smaller sources for infection with more likelihood of overcoming his present enemy than if left to the impossible exfoliation of the bone, the attempt at which, in the opinion of those who first saw him with me, was fast hurrying him to an early grave.

DISCUSSION.

Dr. John Chambers thought it would be of interest to show, in connection with Dr. Johnson's case, a portion of the femur from a colored boy. Some time since this case was reported to the Society and the excised portion of the bone then shown. There was such an amount of suppuration following upon the operation that the boy's vital powers were at last exhausted. Autopsy revealed amyloid degeneration of the liver, kidneys and spleen, and acute miliary tuberculosis in the lungs. At the time of operation the case gave rather an unfavorable outlook.

The second case reported by Dr. Chambers at that time is of the same nature, but the patient is doing well and is in apparently excellent health.

It is the opinion of Dr. Chambers that in these cases the prognosis is more favorable when the disease is confined to the femur, than when it has progressed to the acetabulum. He thinks death resulted in first case from a remnant of tubercular material left in the bone.

Dr. Randolph Winslow said that Schmidt has pointed out that where the disease has invaded the acetabulum that abscess formation can often be felt through the rectum.

Dr. Robert W. Johnson then read

CASE II.—RESECTION OF THE GUT.

Mr. C., 59 years old, has had a reducible hernia for fourteen months, wore no truss, but on Tuesday after jumping was unable to restore it to his abdomen; his physician failed also, and after waiting until Friday night consulted Dr. Miltenberger who kindly suggested calling me in. I saw the case Saturday morning and found the patient showing the influence of opium he had taken, vomiting yellow offensive fecal matter, limbs drawn up, belly tympanitic, pulse and respiration rapid, a cold sweat on forehead, in fact collapsed. Seeking the cause of the trouble, I found a potato like tumor, irregular and somewhat nodular, over which a dusky lurid skin was tensely stretched with its long axis transverse to the body and lying over Poupart's ligament on the right side. The tumor was tender to the touch and tympanitic and the diagnosis admitted of no doubt, a strangulated indirect hernia lying in the inguinal canal and not so far down as the external ring which could be felt free by invaginating the scrotum.

Having shaved and washed with all antiseptic precaution but the spray, using the bichlor. hyd. solution, with the assistance of Drs. Gavin and Claude Van Bibber, I cut down on the axis of tumor using a grooved director after penetrating the

skin. No vessels of any moment spouted and soon the sac looking like a ripe purple plum, dark and in some places ashy, showed itself in the wound. Carefully separating adhesions, I nicked the internal ring without effect at reduction. The only place left for constriction was the neck of the sac, when on opening the sac it was found, as well as gut and omentum, sphacelated, and from cribriform puncta in the intestines the slightest pressure forced out liquid feces. There were no adhesions in the sac and but little fluid. The only thing to do was to exsect as much of the gut as looked unable to be replaced. Healthy gut at either end of gangrenous portion was stitched to the side of the wound and to each other, the mesentery intervening was ligated and all the necrosed tissue excised. A gush of fecal matter showed the improbability of a twist high up. The omentum and sac after ligation with cat gut were removed. The stump dusted with iodoform after washing and iodoform gauze dressing applied over drainage tube, all covered in by a spica, finished the operation.

Hot bottles, injection of brandy, and digitalis did not rally him and he died in a few hours, never recovering from the shock of his lesion.

To show how desperate I considered the case when I first saw it, I stated the facts and the probabilities to the family and only operated at their solicitation. The Priest administered extreme unction before I began and I operated more to let the family console themselves that all had been done, than from any hope I entertained of success.

I believe in operating in strangulated hernia as I would in tracheotomy for sometimes it resurrects.

I did not attempt a reunion of gut, as I did not care to have the man exposed to a longer operation than was necessary nor did I care to have him die under my hand.

A suggestion though homely occurred to me then. One has great trouble in bringing the ends of the gut in apposition and we do not always have cones of cocoa butter or gelatine at hand to act as lasts to draw the gut over.

A piece of link sausage out of which the meat has been turned and filled with butter or lard makes a good cone or basis to draw the ends of the gut over prior to uniting them. Just before the last stitch is drawn up a tenotome can cut the sausage sac and the gradual warmth of the body will melt the butter allowing it to empty itself into the bowel at the seat of suture, thus filling up any little openings made by the needle. The sausage sac may pass out with the feces.

Water or air will not do to fill the sac with since a puncture of the needle would let out its contents before one is through with them. One other point before leaving this case and that is the immense importance of early operation in strangulated hernia.

Were I to gauge the value of time I would say, hours are worth years, in inguinal hernia. Moments are worth month in femoral.

I believe there are more deaths due to the complacent let-alone policy engendered by a few recorded cases of automatic recovery when the patient was on the table for operation than can be laid to the door of any surgeon who operates early. Divest your mind of prejudice born in a suppurative age and instead of being appalled at death rates due to late interference fully appreciate the triumphs of other departments of peritoneal surgery and apply them to herniotomy.

DISCUSSION.

Dr. L. McLane Tiffany thinks the case interesting from two standpoints. 1st. The attempt to divide the stricture external to the sac. 2nd. The formation of an artificial anus.

As to the attempt to divide the stricture external to the sac, this may be good treatment in some very recent cases, but it questionable in very many others. By this operation the orifice remains patent and the patient is liable to recurrence of the hernia. In his opinion the proper treatment in these cases is open the sac, reduce the hernia and stitch together the edges of the ring, in short to attempt radical cure. With our present antiseptic methods there is

but little risk in opening the peritoneum. Resection is doubtless successful in some cases but he thinks many patients die as a result of shock consequent upon the manipulation of the intestines. Where a portion of the gut is sphacelated, he advocates resection of the gangrenous portion, sewing together side by side the cut ends and leading them to an artificial anus.

Dr. John Chambers thinks handling the intestines no doubt gives rise to trouble. He thinks it better, however, to cut down upon a gangrenous gut, relieve the constriction, and let the adhesions already formed remain undisturbed. Don't believe in attempting to resect the sphacelated portion.

Dr. Robert Johnson cannot agree with Dr. Chambers, that it is proper to simply cut down upon a gangrenous gut and leave this dead tissue in the wound. Thinks this dead tissue should all be removed.

Dr. John Chambers thinks statistics will show that a second anus formed by nature under the circumstances, is accompanied by less mortality than when an artificial anus is made by the surgeon.

Dr. Randolph Winslow said, for temporary relief he thought Dr. Chambers' plan a good one, but for permanent benefit it is better to make an anus as described by Dr. Tiffany, and subsequently repair the broken gut. This is the plan now adopted by the English surgeons.

Dr. J. H. Branham knows of no English surgeons who advocate this plan of operation.

Dr. Winslow can not recall the names of the surgeons referred to but thinks if Dr. Branham will look through the journals for the past twelve months he will find him correct in his statement.

Dr. S. T. Earle said if Dr. Winslow would permit him he would say that *Treeves* is among the most prominent advocates of the operation under discussion.

Dr. Robt. W. Johnson then read the notes on his third case.

CASE III.— SARCOMA SUBSTITUTING THE SIXTH CERVICAL VERTEBRA.

The last specimen I show you is an interesting one, taken from Mr. D. æt. 62 years, a native of South Carolina, who was sent to me from Norfolk, in the latter part of September last. In December, 1885, nine months prior to his coming, he fell from a raised platform, striking the back of his head and neck against a railing which surrounded the dais from which he fell. He was senseless a few moments but recovered so as to walk to a carriage near by and he was taken home, where any attempt at reclining caused for several days intense pain in the occipital region and nausea. Two weeks after he was able to move about with a cane, and early in March returned to his work of a machinist with a stiff neck and a tendency to nausea if he attempted to turn it.

In June there appeared on the left side of the neck what he called a kernel, very sensitive to pressure and was accompanied by intense neuralgic pain in arms, and jerking of the brachial muscles, and as these symptoms increased a restlessness that could only be appeased by bringing him to Baltimore, as he felt confident of recovery if he could only reach there.

When I first saw him he was rather well nourished. Was in excellent spirits and presented no abnormal aspect, except his head projected forward and there was a slight rigidity of the scaleni on the left side simulating a spastic condition of these muscles, very sensative to pressure. He was unable to move his head toward the left or bend it back. There was no disparity in his pupils or paralysis about his tongue. His grip was diminished more markedly on the left side and great increase of patella reflex on the same. He was utterly unable to stand alone with his eyes closed, and had the uncertain gait of an ataxic. Soon he began to complain of a constriction about the abdomen and tingling in his feet and legs. The paralysis being much more marked at first in the upper extremity and later absolute in lower extremity, bladder and last of all in the rectum. The Farradic current showed a degenerative reaction in the muscles of the arms and legs, though much subjective relief was given by its employ-

ment. At no time was there priapism, so common in lesions about the cervical cord. For one day there was inability to speak and trouble in deglutition, but this passed off.

At first I was inclined to suspect a myelitis due to injury, but as the prominence gradually increased in the cervical region I made the diagnosis of a foreign growth, most likely sarcomatous. The treatment consisted in absolutely no medication except an occasional laxative (he could not take opium for his pain), and the drawing of his water in which I am indebted to Dr. Clewell for his kindness in seeing him, alternately, as well as to Drs. Platt and H. Thomas for suggestions. I append the post-mortem examination of Dr. Councilman who kindly made a most thorough one, and I am glad to say found my diagnosis correct. Unfortunately the case was published throughout the country as a man living with his neck broken for eight months. As far as this can be corrected by this statement I hope it will be so.

NOTES ON AUTOPSY.

Made for Dr. Johnson, November, 1st, 1886.

Body of medium size, strongly built, emaciated, slight icterus.

The thorax, arms and entire posterior portion of the body emphysematous.

Post-mortem discoloration along surface veins.

Neck extensively emphysematous, more on left side.

On left side of neck, along the vertebral column, a hard swelling, apparently the size of a walnut, could be felt.

One of the cervical vertebræ, apparently fifth, very movable. The head rolled freely from side to side in whatever position it was placed. Incision made along vertebral column from occiput to sacrum. In cervical region there was a space, with dura mater of cord at bottom, about an inch wide occupying place of sixth cervical vertebra.

Cord examined from lumbar to cervical region showed no change.

Cervical vertebræ were removed and sawn through.

The entire sixth vertebra, with the exception of articular facets and some small pieces of the arch and spine, was missing. The intervertebral substance above and below thickened and rough. The body of the seventh cervical vertebra was eroded, spongy and reduced to half-normal size. The body of fifth also eroded, but not so much. There were also eroded surfaces on the arches and spines of fifth and seventh vertebræ, on left side.

On the left side, lying along the seventh vertebra, filling up the loss of substance in its body and extending up along side to the fifth vertebra was an irregular firm tumor mass, about the size of a small walnut.

Microscopic examination of this showed it to be a round cell sarcoma of the large celled variety.

Brain slightly hyperæmic and meninges œdematous. Dura adherent along longitudinal sinus.

Heart soft and flabby.

Lungs œdematous.

Abdominal organs showed no change of any note.

The cord was soft and much altered from post-mortem changes. Absence of myelitis was shown by teasing fresh particles. No compound granular bodies were found.

W. T. COUNCILMAN.

DISCUSSION.

Dr. F. T. Miles said the paralysis in the arms in Dr. Johnson's case recalled a case in his practice, which resulted from pacchymeningitis and compression in the cervical region. Paralysis in the upper extremities results from compression in this region.

MALIGNANT DISEASE OF KNEE-JOINT.

Dr. L. McLane Tiffany then related a case of a woman æt. 32 years, married and has a family. Four years ago, while carrying a child the pain appeared and increased until after the delivery of the child, which was six months. After another year, and before a second confinement, the pain in the knee again appeared, and after the birth of this child it disappeared. The knee then began to swell. Nine months ago she

lost the power of extension and the knee gradually became more and more fixed, until it finally became fixed at an angle of about 60°. She can bear no weight upon this extremity and in consequence is obliged to use crutches.

Diagnosis of malignant growths within the condyles was made. There was no fluid within the joint. The *patella* lay flat upon the condyles, and, notwithstanding the leg was rigidly flexed at an angle of 60°, it was freely movable *laterally*. Malignancy is the only trouble with which he is acquainted that can so relax the tissues around the joint as to permit of lateral movement of the patella when the limb occupies such a position as in this case. It was upon this point that the diagnosis was made.

There was no history of injury. The leg was amputated.

Dr. Chambers thinks this case illustrates Hilton's theory of neurotic origin of the flexed knee without fluid in the joint. He don't think lateral movement of the patella in a flexed knee sufficient to justify a diagnosis of malignancy.

GUNSHOT WOUND OF THE SKULL.

Dr. N. G. Keirle showed the skull from a case of gunshot wound. The bullet had penetrated the eye, passed through the ethmoid bone, and striking against the inner table of the vault of the skull near the junction of the sagital and lambdoid sutures, glanced off and was found imbedded in the occipital lobe of the brain two inches from its point of contact with the skull.

He showed a second skull that had been fractured in the line of the sagital suture. The force of the blow had caused the bones to be crushed in upon the longitudinal sinus.

He has made a number of experiments upon the skull in dead subjects, and from his results is unable to sustain the theory of "increase of resistance acquired by dead tissues."

Dr. L. McLane Tiffany thinks Dr. Keirle's first case disproves the directions laid down by Fluhrer, of New York, who, from a single successful case, advocates trephining of the skull for the removal of bullets in the brain. He don't think success would have followed such a procedure in this case.

Dr. Keirle also exhibited an elbow with a lateral dislocation outward of radius and ulna. The epitrochlear had disappeared, and there was a fracture of the olecranon which had been repaired by firm fibrous union. At the coronoid fossa there was an osteaphytic growth supposed to be the epitrochlear, which, having become fractured, had attached itself to this position.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, HELD JAN. 6, 1887.

The President B. F. Bear, M.D., in the chair.

(*Continued from last issue.*)

Dr. Chas. Meigs Wilson reported

THREE SUCCESSFUL TAIT OPERATIONS.

These cases are the first of a series performed without the use of carbolic acid solutions for instruments, and without the spray. Hydrant water boiled for six hours was used for the instruments and sponges in the first and second cases, and a solution of mercuric chloride, 1 to 8,000, for like purposes in the third. The wounds in all three were dressed after the manner of Keith. The incisions were less than two inches in length. More than three months has elapsed since the operation in each case before it has been reported. It has seemed best to publish the cases in this manner, because the vast majority of all cases recover without accident from the operation, and hence mere statistics of the healing of the wound amounts to little but evidence of individual skill. Statistics of the real relief afforded by the operation is what the profession needs in order to give the operation its just place in modern surgical procedures. Case 1.

MYO-FIBROMA OF THE UTERUS.

This case first came under observation

in July, 1886. She gave her history as follows: Miss McM., æt 32, nullipara. For the last sixteen months has had a rapidly growing tumor of the abdomen, menses profuse, catamenial intervals ten to fifteen days; for the past four months has been rarely free from bloody vaginal discharge. She was emaciated and anæmic.

She was very nervous and alarmed about the constant bloody discharge. She had reflex pains but no ovarian tenderness or pain. She was obstinately constipated, owing to the pressure of the tumor upon the rectum. She was found to have a large fibroid tumor of the fundus and anterior wall of the uterus. The enlarged uterus was incarcerated in the cavity of the pelvis and was very immobile. The sound entered the uterus 7¼ inches. Abdominal section was performed September 20th, 1886, with the assistance of Drs. E. Wilson, O. P. Noble, and E. Longaker. The tubes were as thick as the finger, they had thin walls and were distended with blood. The ovaries were oversize, and the right one was cystic. The ligature slipped from the uterine end of the left tube and before it could be secured there was free hemorrhage. The operation lasted forty minutes, convalescence was retarded by abscess of one of the suture tracts. The patient made an excellent recovery. Present condition: Has lost no blood since the second day after the operation, appetite good and is able to resume her occupation of seamstress, frequently walks two miles to her work, all pain has disappeared, has gained twenty-two pounds since the operation. Dec. 20th, 1886, the sound entered the uterus 3¼ inches; the tumor was greatly reduced in size. Case 2.

HYSTERO-EPILEPSY.

Mrs. C., æt. 30, primipara. Had always enjoyed good health until after the birth of her child, six years ago. She had been delivered with forceps and the cervix and perineum had been badly torn. She was in bed nine weeks after the confinement. No clear history of her puerperal trouble could be obtained. She has had profuse catamenial discharges since. About six months after the birth of her child she first commenced to have attacks of loss of conscience, followed by epileptiform seizures at her menstrual periods. These gradually became so violent as to place her life in seeming jeopardy during their occurrence, and left her utterly prostrated. She had been in bed about twenty days out of every month for four years. Her epileptic seizures occurred only at her monthly periods. Everything that her medical attendant could think of had been done for her, and her family were about to place her in an insane asylum. The ovaries and tubes were removed Oct. 3rd, 1886. The operation was an easy and simple one. The patient made a speedy recovery without any outward symptoms. Present condition: She is now able to earn her living as a yarn picker, working full time; has no discharge of blood; little or no pain; *and not one seizure since the day of operation.* Case 3.

TUBERCULAR PYO-SALPINX.

Miss E. R., æt. 19, nullipara. This patient was also operated upon on Oct. 3rd, 1886. Since menstruation began at fifteen years of age, she has had constant dull aching pain deep-seated in the pelvis. At her menstrual epochs "her agony has been unbearable." Menses have always been slight in quantity and regular as to time. She presented a badly nourished appearance. Physical examination showed marked evidence of general tuberculosis. In spite of this fact and in view of her intense menstrual pain oöphorectomy was deemed justifiable and was accordingly done. Both tubes were as large as large bologna sausages and both ovaries were cystic. Tubes and ovaries were matted in a mass of adhesions, which rendered the operation very tedious, it lasting one hour and ten minutes. Microscopic examination of sections of the tubes showed colonies of the bacillus tuberculosis. Both tubes were filled with a greenish pus which was very offensive. The recovery was complicated by an arthritis, the symp-

toms of which were so obscure as to render it difficult to say whether it was septic, rheumatoid or hysterical. She eventually made a good recovery. Present condition: Her physcian, Dr. Walter E. Bibby, of Kensington, Philadelphia, reports, "she is entirely free from pain, able to walk about, and to attend to light household duties. Under the use of cod-liver-oil and malt and alcohol, her tubercular trouble seems to be making little or no progress." As her peritoneum showed evidence of tuberculosis, as an experiment, bi-chloride solution, 1 to 8,000, was used to wash out the abdominal cavity. Cases 2 and 3 were operated on before Drs. A. W. Biddle, W. C. Goodell, E. Wilson, Longaker, and C. P. Noble. All were done at the Philadelphia Lying-in Hospital. In each case the abdominal cavity was thoroughly flooded with boiled water before it was closed. The drainage tube was not used. Uncarbolized Chinese ligatures and silk-worm-gut sutures were used. No anodyne was given after the operation, and no food was given for thirty-six hours after operation.

DISCUSSION.

Dr. H. A. Kelly was particularly interested in the tuberculous tubes, and regretted that an examination of the uterine discharges had not been made, as it would almost have established the diagnosis. As to the right to operate upon a patient having a cavity in the lung, no general rule can be laid down, every such case stands by itself, and much must be left to the judgment of the operator.

Dr. Baer would hesitate for some time before operating in a case of general turberculosis with a pulmonary cavity. He did not think tuberculosis could cause pyo-salpingitis.

Dr. Kelly remarked that at least two cases have been observed here and many more abroad, and it has been recently formulated by Prof. Hegar among the tubal diseases which may require operation.

Dr. Parish thinks the general condition of the patient outside of the pulmonary disease would decide the question. Severe pain should be relieved unless the patient had but a very short time to live.

HYDROSALPINX.

Dr. H. A. Kelly exhibited the tubes of a patient who had suffered from metrorrahagia over thirteen years. She had been in five large hospitals in Philadelphia without relief, and had faithfully tried every plan of treatment, systemic and per vaginam. The diagnosis of enlarged tubes was made before operation, and on removal with their respective ovaries, the tubes were found, one as large as a bologna suasage, and the other a small sausage, with a limpid fluid. She has lost no blood since the metrostaxis following the operation, about six weeks ago.

Dr. Kelly also exhibited fresh large cystic ovaries and tubes of a large fibro-cystic tumor, upon which he had operated in the morning. The ovaries were sessile surrounded by congeries of great dilated vessels. The operation was one of extreme difficulty. (*Note five days after operation* "the patient's condition is perfect.")

The patient whose history was read at the preceding meeting, who had ovaries and tubes removed for chronic sub-involution and endometritis was presented to the meeting. She has lost all pain and feels perfectly well for the first time in years. The uterus is normal.

Dr. Parish reported a Porro-Müller operation.

INTESTINAL CALCULI.—Dr. Hockenhull reports in the *Atlanta Medical and Surgical Journal* a case of a boy who was suffering from tenesmus. Examination of the rectum showed a mass of small hard stones, forming a complete wall, obstructing and distending the bowel. The stones were of a black color, and of a hard, flinty nature, and varied in size from that of a pea to that of the end of the little finger. According to the father's account the total number of stones extracted at the time and passed subsequently was four hundred and two. —*Medical Record.*

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BALTIMORE, FEBRUARY 5, 1887.

Editorial.

EXTIRPATION OF THE LARYNX.—On January 20, Dr. J. H. Branham performed the rare operation of laryngectomy or removal of the entire larynx, at Bay View Hospital, for epitheliomatous growth within the larynx. The operation was successfully done, and hopes were entertained that the man would recover, but a low form of pneumonia soon set in and proved fatal about two days later. This is certainly the first case in which this operation has been performed in Maryland, and it is probable that not more than six such operations have been done in the United States. Complete removal of the larynx was performed first by P. Heron Watson, of England, in 1866, though Billroth, of Vienna, is generally supposed to have been the originator of the operation. Billroth's operation was performed in 1873. Like excision of the pylorus the status of laryngectomy is not yet fully determined. The larynx has been excised probably more than a hundred times, with a direct mortality of 44 per cent. as computed by Dr. Eugene Hahn, of Berlin, from 91 tabulated cases; the mortality from partial excisions is but 13.7 per cent. as computed by the same writer. At the time of the publication of Dr. Hahn's paper, he had himself extirpated the larynx eleven times with ten recoveries. Carcinoma offers the most frequent indication for removal of the larynx, but other neoplasms, and obstructive affections may also demand its removal. If an operation is to be done, it is evident that it should be done early, whilst the growth is limited to the larynx. If the patient survives the shock of the operation he is still exposed to danger from pneumonia and septic bronchitis. A large number die in the first two weeks from these causes, and these are the most frequent causes of death, as the operation though severe can be performed without very great danger from shock or hemorrhage. As the great majority of those who survive the operation die subsequently from recurrence of the growth, it may be asked, what is the use of undertaking such a serious operation? a question which has been pretty clearly answered by Dr. J. Solis-Cohen, who claims that better results will accrue from tracheotomy than from excision. The results of laryngectomy are better for sarcomatous than for carcinomatous growths, but the average mortality is still excessive. As the greatest source of danger lies in the entrance of septic material into the larynx, at the time of, and subsequent to the operation, the efforts of surgeons have been largely directed to the avoidance of this accident, by the use of suitable tamponading devices. Trendelenburg's tampon-canula has been used many times for this purpose, with pretty satisfactory results. This is a tracheal tube surrounded by a rubber bag, which is inflated after the introduction of the tube, and the lumen of the trachea is thus filled and the entrance of fluids prevented. Dr. Hahn, whose results have been marvellous, considers that much of his success is due to the use of his canula which is wrapped with compressed sponge. Owing to the intimate relations of the larynx with the mouth, pharynx and œsophagus, it is exceedingly difficult to keep the parts thoroughly aseptic, but this may be done by iodoform gauze packing of the wound, which will require frequent changing. As has been stated the operation should be reserved from those cases in which the growth is pretty thoroughly circumscribed within the larynx; when the surrounding parts are much involved better

results will follow tracheotomy. We believe therefore that excision of the larynx in appropriate cases is a justifiable operation, but in order for it to be successful the neoplasm should be limited to the larynx. When the growth involves other structures as well, tracheotomy will be the only alternative. An incomplete removal of the disease is almost certain to be followed by a more rapid development, than if no operation had been performed. In a few weeks after the removal of the larynx, the power of speech may be restored by means of the device of Gussenbauer which consists of a vibrating reed attached to the tracheal canula. The voice though metalic and monotonous, suffices for purposes of conversation.

Reviews, Books and Pamphlets

Manual of Operative Surgery. By Joseph D. Bryant, M.D., Professor of Anatomy and Clinical Surgery, Bellevue Hospital Medical College, etc., etc. New York: D. Appleton & Co.

This book is one which we feel sure will recommend itself. The author has very wisely refrained from making an exhaustive treatise on surgery, and has confined himself closely to his text. The first part of the book is devoted to general considerations such as time and place for operating, preparatory treatment, anæsthetics and their mode of administration, instruments which are necessary, antiseptic solutions, etc.

He then treats in a very clear and unusually comprehensive manner of hæmorrhage, ligation of arteries and operations on veins, and takes up the various systems as the nervous, muscular and osseous *seriatim.* Of course space was not allowed for everything under the name of operative surgery but we would have wished to see something more on the removal of tumors than the author has given. The illustrations which are profuse, numbering about 800, are with very few exceptions admirable. We would say that the book "met a long felt want" if we dared to use the phrase. The general practitioner who occasionally does a little surgery, particularly the "dweller in the country or small town", will find this book invaluable, for he can turn in a minute to the very place he wants, and find there an intelligent description of instruments, operation and dressing.

Miscellany.

Management of Simple Constipation.—Sir Andrew Clark gives the following instruction for the management of simple constipation.

1. On first waking in the morning, and also on going to bed at night sip slowly from a quarter to half a pint of water, cold or hot.

2. On rising, take a cold or tepid sponge bath, followed by a brisk general towelling.

3. Clothe warmly and loosely; see that there is no constriction about the waist.

4. Take three simple but liberal meals daily; and, if desired, and it does not disagree, take also a slice of bread and butter and a cup of tea in the afternoon. When the tea is used it should not be hot or strong, or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard, and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind, with meals.

5. Walk at least half an hour twice daily.

6. Avoid sitting and working long in such a position as will compress or constrict the bowels.

7. Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continuing the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive oil and water. The action of this injection

will be greatly helped by taking it with the hip raised, and by previously anointing the anus and the lower part of the rectum with vaseline or with oil.

8. If by the use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection, or to provoke several smaller actions; your object is to coax or persuade the bowels to act after the manner of nature by the production of a moderate more or less formed discharge. Before having recourse to drugs, you may try, on waking in the morning, massage of the abdomen, practised from right to left along the course of the colon; and you may take at the two greater meals of the day a dessertspoonful or more of the best Lucca oil. It is rather a pleasant addition to potatoes or to green vegetables.

9. If the use of drugs is unavoidable, try the aloin pill. Take one half an hour before the last meal of the day, or just as much of one as will suffice to move the bowels in a natural way the next day after breakfast. If it should produce a very copious motion, or several more small motions, the pill is not acting aright; only a fourth, or even less should be taken for a dose. When the right dose is found it may be taken daily, or on alternate days, until the habit of daily defecation is established. Then the dose of the pill should be slowly diminished, and eventually artificial help should be withdrawn. The aloin pill is thus composed:

℞	Aloinæ .	½ grain;
	Extr. nucis vom.	½ grain;
	Ferri sulph.	½ grain;
	Pulv. myrrhæ	½ grain;
	Saponis	½ grain.
	Fiat pil. i.	

If the feces are dry and hard, and *if there is no special weakness of the heart*, half a grain of ipecacuan may be added to each pill. Should the action of the pill be preceded by griping and the character of the action be unequal half a grain of fresh extract of belladonna will probably remove these disadvantages. If the aloin pill gripes, provokes the discharge of much mucus, or otherwise disagrees, substitute the fluid extract of cascara sagrada, and take from five to twenty drops in an ounce of water either on retiring to bed or before dinner. And when neither aloin nor cascara agrees, you may succeed by taking before the mid-day meal two or three grains each of dried carbonate of soda and powdered rhubarb.

The exact agent employed for the relief of constipation is of much less importance than its mode of operation. If, whatever the agent may be, it succeeds in producing after the manner of nature one moderate formed stool, it may be, if necessary, continued indefinitely without fear of injurious effects. But, treated upon physiological considerations, I have the belief that in the great majority of cases simple constipation may be overcome without recourse to aperients. —*Lancet*, Jan. 1, 1887.

Diagnosis of Cancer of the Stomach by the Chemical Examination of its Secretions.—Dr. Debove, in the *Gazette Hebdomadaire* of December 31, 1886, reports a case in which the diagnosis of cancer of the stomach was impossible without a chemical examination of its contents.

In cases which were not cancerous hydrochloric and lactic acids or hydrochloric acid alone was found, with very rare exceptions; in cancerous cases it was never detected.

The case reported was that of a man, aged thirty-four, who had suffered from progressive enfeeblement, loss of appetite and gastric pain for nearly a year. Persistent vomiting of food and mucus occurred later.

On entering the hospital the patient had no tumor, he had never vomited blood or passed blood in his stools; he presented no appearance of especial cachexia.

Washing out the stomach, artificial alimentation, the alkalies in large doses and strictly regulated diet produced no effect.

Examination of the contents of the

stomach showed no hydrochloric acid, but always the presence of lactic acid.

The case was closely watched, and nearly a year after the beginning of his disease a tumor, as large as a small egg, was discovered in the epigastrium, a little to the left of the median line; the diagnosis of cancer was considered assured.

The examination of the contents of the stomach was made as follows: The liquid was filtered as rapidly as possible; in the test for hydrochloric acid gentian-violet (1 : 5000) gave a blue color in the presence of traces of the acid.

Perchloride of iron gave a yellow color when lactic acid was present; a mixture of three drops of iron and ten drops of a solution of carbolic acid resulted, when added to fluid containing lactic acid, in an amethyst or yellowish-blue color.—*Med. News.*

Potassium Permanganate in Amenorrhœa.—Dr. Marshall, of San Francisco, after employing this drug in fifty cases of amenorrhœa, has arrived at the following conclusions:

1 The permanganate acts satisfactorily in about seventy per cent. of "selected cases."

2. It should be administered one or two hours *after* eating.

The disagreeable action on the stomach may be relieved by combining it with the following:

Oxalate of cerium	1 grain.
Hydrochlorate of cocaine	$\frac{1}{6}$ grain.
Subnitrate of bismuth	5 grains.
Powdered ipecac	$\frac{1}{10}$ grain.

The writer also states that this drug has a marked tonic effect, and generally causes mental exhilaration.—*Canadian Practitioner.*

Artificial Alimentation.—Dr. G. D. Hays concludes an article in the *N. Y. Medical Journal*, January 27th, 1887, on this subject as follows:

1. Many pathological processes arise from an improper dietary, and many others may be controlled by a proper dietary. There is a celebrated proposition by M. Broussais: "He who does not know how to manage the stomach will never know how to treat diseases."

2. Malassimiliation is a cause of disease. Peptones in the general circulation being poisons, when from any cause metabolism is interrupted, the system is prone to take on pathological conditions.

3. In pyrexia: *A.* The digestive juices, being less in quantity and impared in quality, should be re-enforced by the artificial digestive ferments.

B. The stomach is feeble in a muscular sense, and incapable of dealing with large quantities. Hence concentrated or predigested foods should be furnished it.

C. The process is one of tissue destruction (histolytic). Hence we must furnish the materials for repair (histolysis). How and when to furnish these is still a disputed question.

D. Feeding is not the cause of pyrexia, nor starvation its cure. Though the former augments it and the latter decreases it, we gain most by keeping up nutrition.

E. The excess of urea excreted is not proof of nitrogenous waste in the blood.

How to Abort a Felon.—Dr. John T. Metcalf writes to the *Boston Medical and Surgical Journal:* "My father was a medical man, who graduated from the University of Pennsylvania in 1816 or 1817. In 1839 I learned from him that a felon could, if seen early enough, be made to abort by wrapping the finger-end with narrow strips of adhesive plaster. When pus has been formed, I learned twenty years ago, from a country doctor, that immediate relief and speedy cure would follow the gentle, slow separation of the nail from its envelope by means of a penknife blade, not too sharp, at the point nearest the seat of greatest pain. Very soon a drop of pus shows itself, and relief comes. I am aware that the plan described is known to many medical men. It was not known to me at the time referred to, when the country doctor showed me how to treat a paronychious patient, whose finger I was about to lay open by the free incision down to the bone, taught in the lessons of my great masters."

Pilocarpine as a Galactogogue.—The Paris correspondent of *The British Medical Journal*, writes: The remarkable effect of pilocarpine on the secretions, particularly of the skin and the salivary glands, has long been known. It remained to be seen whether this influence was not likewise exerted on the secretion of milk, since the mammary glands resemble, in certain respects, the sudoriparous glands. Some writers have incidentally mentioned the action of pilocarpine as a galactogogue; but, from a practical point of view, nothing seems to have been published on the subject. For several years M. Chéron has carefully studied the effect of pilocarpine on skin diseases, and has discovered that the therapeutic action of the drug can be produced in smaller doses than are necessary to stimulate the activity of the salivary and sudoriparous glands. The discovery of this very important fact enabled him to employ pilocarpine in subcutaneous injections, without risk to the child, in the case of nurses whose milk-secretion had ceased. The following was his method of proceeding in nine cases, which, with one exception, turned out satisfactorily. Five centigrammes of the nitrate of pilocarpine were injected as soon as the milk became scanty, whether this took place suddenly or by degrees. The injection was repeated every day. Under its influence the skin of the face and, afterwards, that of the body became hot for a few moments, but there was seldom any moisture. It is essential to success not to produce diaphoresis. If the scantiness of secretion has existed for some time, ten or twelve injections are required; on the other hand, if it has come on suddenly, two or three will suffice. The treatment had no ill effect either on the nurse or the nursling.

Aseptol: A New Disinfectant.—This substance is orthophenol-sulphuric acid, and has been known since the year 1841. It has been lately brought forward in France as a disinfectant, and Dr. Hüppe (*Centralb. f. d. Med. Wiss.*, No. 50, 1886) has made experiments with it, which have led him to the opinion that it possesses advantages entitling it to rank beside carbolic acid and bichloride of mercury. Commercial aseptol is a syrupy liquid, having a faint odour of carbolic acid. It is soluble in all proportions in water, alcohol, and glycerine, and even in a 10 per cent. solution has no caustic action upon the skin. Such a solution kills spores of anthrax in thirty minutes, whilst a 5 per cent. carbolic acid solution requires at least twenty-four hours to produce the same effect.

A 3 or 5 per cent. solution of aseptol is a true disinfectant for spore-free micro-organism, or for such as do not form endogenous spores. A 3 per cent. solution was found quite sufficient to disinfect the (previously cleansed) hands. Solutions of aseptol in alcohol, glycerine, or oil (in the last named no permanent solution takes place) showed no disinfectant power. By heat it is changed into the corresponding para-combination.—*Brit. Med. Jl.*

Kreatinine and the Reaction for Sugar.—Dr. George Johnson states that the substance in urine which reduces picric acid in the presence of potash is kreatinine. This kreatinine, which causes a reaction like that of glucose, may be removed by a simple method devised by the younger Johnson.—*Med. Record.*

Theories and Experiments in Fasting.—In a report read last week to the Paris Zoological Society, Dr. Laborde stated the results of experiments on fasting dogs. A dog, weighing 15½ kilos. (about 34 lbs.), died on the twentieth day of his fast. Another animal of the same kind and weight that was allowed water, was in good health on the fortieth day. The dog that died weighed, when dead, only 2 kilogrammes (about 4¾ lbs); the dog that survived weighed, on the twentieth day, 9½ kilogrammes, and, on the fortieth, 7.6 kilogrammes, or a little more than half his original weight. There was some anxiety as to how he could safely be allowed to resume food; but the dog solved the question, taking 1.2 kilogrammes of soup and 1 kilogramme o

flesh without the slightest subsequent inconvenience. There is a certain Mr. John Griscom in New York, who has, according to the *Medical Record* of that city, a theory of his own to account for the success of the number of persons who are now fasting for four or five weeks at a time. According to him, it is all a matter of faith, and any person who will begin to fast with a full belief that it can be done without harm will succeed. "With the prejudice against fasting wholly removed," he says, "anyone in enjoyment of perfect health could fast two or three weeks without inconvenience; but if a man should fast simply as an experiment, without a full belief that he could do it, he would kill himself." The use of Succi's red liquid, therefore, becomes plain,—it is a medicine for the mind, and gives to the faster the necessary confidence. Griscom says that he has fasted for more than three weeks at a time, and his statement that the craving for food passes off at the end of forty-eight hours is confirmed by the evidence of involuntary fasters. Hunger is a much less imperious craving than thirst, which grows stronger with every hour of abstention from fluids. The organism of a healthy man has extensive reserves, in the fat which is stored in the layers of adipose tissue beneath the skin and in other situations; when the habit of drawing upon the food for the energy necessary for maintaing the physiological processes is broken, during the first forty-eight hours, the subsequent drafts on the reserve are not attended by so much discomfort as during the period of transition.—*Brit. Med. Jour.*, Jan. 8, 1887.

Bicarbonate of Sodium in Tonsillitis.—Some years ago Dr. Giné y Partagás proposed the local use of sodium bicarbonate in acute amygdalitis, and claimed that the drug was of great utility in the abortive treatment of this affection. Dr. Rovira y Oliver has republished, in pamphlet form, a series of articles bearing on this subject, which appeared in different issues of *Gaceta Médica Catalana* durin the past four years. He reports a number of cases of simple catarrhal and parenchymatous tonsillitis, in which a thorough trial of this remedy was made, and his conclusions are not wholly in accord with those of Dr. Giné. He thinks that in certain cases local applications, made every two or three hours, may prove of service in shortening the duration of the disease, but that the remedy cannot be considered in any sense as abortive of the inflammation. And very frequent applications, every five minutes, as recommended by the proposer of the method to cut short the disease, Dr. Rovira believes to be positively injurious rather than beneficial.—*Med. Record.*

Disinfection of Cabs.—At the meeting of the Society of Medical Officers of Health, on November 19, the Council advised the following method of disinfection. The cushion and as much of the internal fitting as are movable should be taken out of cab and put in a disinfecting oven, where such is available; if there is no disinfecting chamber, the cushions, after having been taken out, if movable, well beaten and dusted, should be replaced, putting them on end so as to expose both surfaces to the action of the chlorine gas which is subsequently used. All exposed woodwork on the inside of the cab should be washed with carbolic acid soap; and carbolized oil should be smeared over the metal work, with the view of disinfecting it, and protecting it from the action of the chlorine. Chlorine gas should be evolved inside the cab, and the cab shut up and kept exposed to the fumes for one hour.—*Brit. Med. Jour.*, Jan. 1, 1887.

Students in the Italian Universities.—During the Winter of 1885–6 there were 14,633 students in the universities of Italy, of whom 3,894 were at Naples, 2,073 at Turin, 1,216 at Rome, 1,163 at Bologna, 1,008 at Padua, and 1,005 at Pavia. The other universities had less than 1,000 students each, and at Ferrara there were but 39. Of the total number, 5,195 were students of medicine.

THE PATHOLOGY OF FEVER.*—Dr. William H. Welch, Professor of Pathology, will lecture to physicians and students of biology on *The Pathology of Fever*, from 5 to 6 o'clock, on Mondays in February and March in Hopkins Hall. The lectures will begin on Monday, February 7.

The lectures will include consideration of the following subjects:

History of our knowledge of fever.

Temperature of the human body in health.

Source of animal heat.

Regulation of the temperature in health.

Doctrine of thermic nerves and of thermic nerve-centres.

Definition of fever; temperature in fever; hyperpyretic temperatures; post-mortem elevation of temperature.

Stages of fever; crises.

Temperature-topography in fever.

Production of heat; loss of heat in fever.

Nutritive processes in fever; absorption of O; excretion of CO_2, H_2O, urea.

Disturbances in the regulation of temperature.

Calorimetrical observations in fever.

Neuropathic theory and hæmic theory of fever.

Causes of fever; pyrogenic substances.

Anatomical changes in fever; functional disturbances (circulatory, respiratory, nervous, etc.).

Types of fever.

Basis of prognosis in fever.

General indications for treatment; antipyretic treatment.

THE ANTISEPTIC TREATMENT OF SUMMER DIARRHŒA.—In an article on this subject (*N. Y. Med. Journal*, January 27th, 1887) Dr. L. Emmett Holt sums up the following conclusions:

1. Summer diarrhœa is not to be regarded as a disease depending upon a single morbific agent.

2. The remote causes are many, and include heat, mode of feeding, surroundings, dentition, and many other factors.

3. The immediate cause is the putrefactive changes which take place in the stomach and bowels in food not digested, which changes are often begun outside the body.

4. These products may act as systemic poisons, or the particles may cause local irritation and inflammation of the intestine.

5. The diarrhœal discharges, *at the outset* at least, are to be looked upon as salutary.

6. The routine use of opium and astringents in these cases is not only useless, but, in the beginning particularly, they may do positive harm, since, by checking peristalsis, opium stops elimination and increases decomposition.

7. I do not deny nor undervalue opium in many other forms of diarrhœa than the one under discussion.

8. Evacuants are to be considered an essential part of the antiseptic treatment.

9. Experience thus far leads me to regard naphthalin and the salts of salicylic acid as the most valuable antiseptics for the intestinal tract.

TO PREPARE KOUMISS.—Take one gallon of milk and add one pint of buttermilk; then stir for fifteen minutes. Let it stand twelve hours and stir again, repeating the process at the end of another twelve hours. Then bottle, cork tightly and put in a cool place. It will be ready for use in about three days and should then be used, for if kept it will spoil. Or—

Grape sugar,	℥iv.
Water,	f℥iv.
Dissolve and add,	
Fleishman's yeast,	gr.xx.
Milk,	f℥ij.

Add this to one quart of milk, bottle and expose to a temperature of 50°; it should be agitated three times a day. In three or four days it will be ready for use. (Prof. Gross.)—*Col. and Clin. Record.*

*Cards of admission will be sent to the members of the medical profession on applications addressed by postal card to the Johns Hopkins University.

Medical Items.

Four cases of cholera have recently appeared in Chili.

The death of Professor Baumgärtner, a well-known German physician, is announced at the age of 88 years.

Dr. Albert Burckhardt-Merian, Professor of Otology in the University of Basle, died recently after a prolonged illness.

The New York Health Board is asked by one hundred petitioners to appoint six women on the corps of sanitary inspectors.

Dr. Alfred Meadows, of England, has been elected an honorary member of the Washington Obstetrical and Gynæcological Society.

The Springfield Hospital at Springfield, Mass., is in luck. The late William Merrick, of that city, has left the institution $75,000, and a Mrs. Chapin recently gave it $25,000.

The Journal of Laryngology and Rhinology made its appearance in London, on January 1st, under the editorial management of Drs. Morell Mackenzie and R. Norris Wolfenden.

The great Lacase prize of 10,000 francs, which is awarded every four years, has recently been given to Dr. Albert Robin for his work called "Lecons der Clinique et der Thérapeutique Médicales"

Over £25,000 have been subscribed to Guy's Hospital, London, recently to make up the deficit in the annual revenue due to agricultural depression. The revenue of the Hospital declined from £41,000 to £26,000.

A movement is on foot in this city to establish a Charity Lying-in Hospital. The institution will be conducted under the auspices of the Faculty of the University of Maryland.

It is reported that Dujardin-Beaumetz is using antifebrine extensively in the treatment of epilepsy, and that he considers it one of the most powerful moderators of the spinal centres.--*Ex.*

Rhigolene is a better agent for the production of anæsthesia, in many operations upon the nose, than cocaine, according to Dr. William C. Jarvis. Dr. Jarvis has recently reported the results of three years' experience with this agent.

A legislative committee, appointed to inquire into the merits of various devices for putting murderers to death with less repulsiveness than hanging, will report to the New York Legislature in favor of the adoption of electricity.

A bill has been introduced into the New York Legislature providing for the abolition of the present Health Department of New York City, and the substitution for the same of a "Commissioner of Health" at a salary of $8,000, on appointment by the mayor.

Dr. Thomas E. McArdle has been compelled, on account of ill health, to resign the position of Professor of Surgery in the Medical Department of the National University, Washington, D. C., and Dr. Philip T. Harvey, U. S. Army, has been appointed to fill the vacancy.

Dr. F. H. Darby, of Morrow, Ohio, was recently summoned by the State as an expert in a murder case. He refused to answer a question unless a fee as an expert was paid. The judge declined to allow the fee asked and had Dr. Darby committed to jail for contempt of court. The sympathies of the profession are with Dr. Darby.

Professor Ludwig Bandl, widely known for his original work in obstetrics, is dead. Prof. Bandl held the chair of Gynecology and Obstetrics in Prague, which was made vacant by Breisky during the past summer. He was an earnest student and teacher, and his name will long live in obstetrics in connection with the uterine contraction ring, to which he was the first to call attention.

Dr. John Theodore Cash, well known for his researches in experimental therapeutics, chiefly conducted in conjunction with Dr. Lauder Brunton, has been nominated by the Crown, on the recommendation of the Secretary for Scotland, to the Chair of Materia Medica and Pharmacy in the University of Aberdeen, rendered vacant by the death of Professor Dyce Davidson.

Dr. J. C. Reeve, of Dayton, Ohio, records in the *Medical News*, (January 1, 1887,) a case of death from shock following the use of an aspirator needle. The patient had abscess of the liver. The needle was introduced three inches in depth at a point two inches below the costal cartilages, and one inch to the right of median line, the direction of its course being upward and backward. It punctured the liver but failed to reach the abscess which occupied the right lobe. No anæsthetic was used, and the patient was dead in ninety seconds after the operation. The heart was normal, and death was due to simple inhibition of its action.

On Thursday, January 20, the fiftieth anniversary of the entrance of Dr. N. S. Davis into the medical profession, he was presented by the students of the Chicago Medical College with a magnificent arm chair and a valuable and beautiful revolving set of reference shelves. The presentation was made by Professor W. W. Jaggard, in behalf of the students, and Dr. Davis responded in a most graceful manner. It has been but a few weeks since Dr. Davis's seventieth birthday was celebrated at his house by a large number of his friends.—*Journal of American Medical Association.*

Original Articles.

A CONTRIBUTION TO THE STUDY OF THE OPERATION OF SHORTENING THE ROUND LIGAMENTS.—ALEXANDER'S OPERATION.*

BY THOMAS A. ASHBY, M.D.

Professor of Gynæcology in the Baltimore Polyclinic and Post-Graduate Medical School, etc.

There can be little doubt of the fact that the uterus is the most movable organ in the female body. It changes its position in the pelvis with each inspiration and expiration, rising and falling with rhythmic precision. Its axis in the pelvis is constantly influenced by the contents of the bladder and rectum, being displaced forwards or backwards by the fullness or emptiness of these organs. This latitude of motion has been wisely provided for by the character of its anatomical arrangements and supports. At once restrain the uterus from assuming its various normal relations to other pelvic organs and viscera, and the consequences become apparent. The extent of motion allowed the uterus is a varying quantity within certain limits. The exact position of the uterus in health is a point which can not be established, since with every woman the relation of this organ to other organs is as variable as the shape of the nose or the expression of the features. The uterus is found turned or flexed at different angles in many individuals without giving rise to the least inconvenience, whilst in others the slightest deviation of the organ from its normal axis in the pelvis is accompanied by distressing symptoms.

The uterus is supported in the pelvis by tissues which perform the function of bumpers rather than the support of strong ligaments, hence its support is to be measured rather by the tonicity of the tunics which invest it than by connecting fibres which restrain it like so many stays or braces. The body of the uterus is invested by the peritoneal membrane, which, though closely adherent to its anterior and posterior surfaces is given off in folds on its lateral borders to form the so-called broad ligaments. As the peritoneum is reflected from the anterior and posterior surfaces of the uterus it turns up over the bladder in front and rectum behind to form the so-called utero-vesical and utero-sacral ligaments. In addition to these so-called ligaments two rounded cords, made up of areolar tissue, vessels and nerves, besides a dense bundle of fibrous and muscular tissue, are given off from the sides of the uterus, near the fundus, and curving around between the folds of the broad ligaments pass through the internal abdominal ring along the inguinal canal, and, as they emerge from the external abdominal ring, are lost in the tissues of the labia-majora. These cords are known as the round ligaments. They present the appearance of a true ligament, and may be so regarded. These ligaments are between four and five inches in length, and as they run in a tortuous direction through the folds of the broad ligaments and curve round the sides of the bladder, they hold the fundus of the uterus nearer to the symphysis than their length would indicate. It is believed by some anatomists that the round ligaments have the peculiar function of drawing the uterus towards the pubis. They are also believed to aid in fixing the uterus in its proper axis in the pelvis. In addition to the supports mentioned, the uterus is held in its position in the pelvis by the walls of the vagina which surround the cervix and embrace it as a keystone at the arch of the vaginal roof. The vagina in turn is maintained in its long diameter by the tonicity of its muscular and cellular coats, and by its attachments to the bladder in front and rectal wall behind. When all of these tissues are in a condition of tonicity they conjointly support the uterus and pelvic organs. When greatly relaxed from any cause they allow the uterus to sag down in the pelvis and to draw down its natural supports. Thus prolapse of the uterus necessarily drags down its peritoneal in-

*Read before the Baltimore Academy of Medicine, Feb. 1st, 1887.

vestment and the round ligaments, depresses the vaginal arch at the cervix and draws in the anterior and posterior vaginal wall, first at the internal end of the vaginal tube and next along its entire extent. This process of decent may be reversed in those cases of rectocele or vesicocele where the uterine support is weakened at the external end of the vaginal tube. When the tissues which make up the pelvic roof retain their tonicity, even in the absence of vaginal support, the decent of the uterus is resisted and the organ can only be dragged down through the vulva by overcoming this resistance. When the uterus is strongly seized with vulcellum forceps and drawn down in the vagina, we have this condition. The broad ligaments are put on the stretch, the bladder is drawn down with the uterus, owing to the intimate connection between the two; the rectum is not disturbed, owing the loose attachment of its subperitoneal connective tissue to the vagina. If the broad ligaments now be severed complete prolapse of the uterus is secured. The round ligaments are the last tissues put on the stretch. From this history of uterine prolapsus here described, it would seem that the round ligaments play a very insignificant part in supporting the uterus, whilst the broad ligaments and utero-vesical and utero sacral folds of the peritoneum materially add to the support of the organ.

When we come to study the causes of version and flexion of the uterus we find the same deviations from the normal axis with variations within health according to the individual point.

Anteversion is regarded by anatomists as the normal position of the uterus. In childhood, and in the woman who has not borne children, the uterus is almost invariably turned forwards. The reverse position, retroversion, is the most frequent form of displacement. Uterine flexions are almost invariably due to faulty nutrition of the uterine muscles, but they may result from overpressure from tumors, or from intestines forced down into the pelvis by tight lacing. Flexions may occur in the cervix or in the body. The first named variety is referable to undue length of development, the elongated cervix being bent upon itself by mechanical pressure. Flexions of the body of the uterus must be attributed to the weakened supports of the uterine walls, which yield under super-imposed weight, either connected with the uterus itself, or external to the organ. The broad ligaments undoubtedly exercise an influence in the prevention of versions and flexions, but where these supports are relaxed or overstretched by constant strain exercised upon them their restraining influence is overcome. The utero-sacral and utero-vesical ligaments are simply folds of peritoneal tissue, which exercise but partial resistance against version and flexion. The function of these ligaments seems to be to aid in the suspension of the uterus in the pelvic canal. The round ligaments coming off from the fundus and passing forwards into the inguinal canal undoubtedly exercise a strong influence in preventing posterior displacement of the uterus. Their course around the bladder is somewhat tortuous; this may allow a certain amount of lengthening, estimated at from two to three inches, before they are made taut by the posterior displacement of the uterus. The round ligaments exercise but little, if any, influence in preventing prolapse of the uterus. Savage has shown that after all other supports to the uterus are severed they are the last made taut by procidentia. In view of the fact that the round ligaments have the power of drawing the fundus of the uterus forwards, the advantage of shortening their length in cases of posterior uterine displacement is now an established fact. As far back as 1840 Alquié, a French surgeon, proposed the operation of shortening the round ligaments, but he failed to demonstrate the value of this procedure upon the human female. It was not until 1881 that the operation was performed upon a woman. On Dec. 14, of that year, Dr. Wm. Alexander, of Liverpool, operated successfully on a case of prolapsus uteri, by drawing out and shortening these ligaments. Whilst

not the originator of the operation, to Dr. Alexander belongs, therefore, the credit of its first performance. The operation very properly now bears his name. Since Dr. Alexander first operated he has been an earnest advocate of its advantages and he has performed the operation more frequently than any other surgeon, with results of a very satisfactory character. The Alexander operation has now been performed over 200 times in this country and in Europe, by a number of different surgeons, with varying degrees of success and with corresponding differences of opinion as to its value. It is a procedure which is still under trial and criticism. It is incumbent upon those who have had an experience to record the same. It is by a study and comparison of the various steps of the procedure and a report of results that its advantages and disadvantages will become apparent. Having performed this operation in June last, I shall present a report of the case and then discuss a few of the steps of the procedure.

Mrs. —— aged 50 years old, a widow, has suffered for a number of years with uterine disease. For four or five years previous to the date of operation she was almost a confirmed invalid, her life being a burden to herself, and as she imagined, to her friends. During this time she had been under the treatment of several well-known and skillful gynecologists, both of whom had recognized her true condition but had afforded her only very temporary relief. Becoming discouraged she wandered from one physician's office to another until local and general medication had been faithfully tried. She still remained the victim of morbid anxiety and severe suffering. Coming under my treatment in the early part of last year, I succeeded, as did my predecessors, in obtaining her consent to a vaginal examination. She was flooding profusely at the time, so that I administered ergot and desisted from an exploration until hemorrhage had ceased. I learned from her history that she was subject to intense menorrhagia, which invariable left her weak and prostrated from the loss of blood. In person she was plump and well-nourished, but her skin and conjunctivæ were extremely pale and anæmic. She was extremely nervous and dejected in spirits, and longed for death as the surest way of escape from mental and physical suffering. She manifested no hope of relief, but expressed a great willingness to undergo any plan of treatment that would give her some benefit. A few days subsequent to the time she first come under my care, I succeeded in making a physical exploration, and I found that her condition coincided with the history related by her, which she had obtained from other physicians. Her uterus occupied a low position in the pelvis; the body of the organ was large, flabby and relaxed; the fundus rested against the sacrum; below the premontory, on its posterior wall, were several fibroid tumors, interstitial, varying from the size of a walnut to a medium-sized apple. These growths were irregular in shape and outline, and presented a hard nodular feeling to the touch. The uterine cavity was tortuous, roomy, and admitted the sound to the depth of 3½ inches. The uterus was perfectly movable and could be easily elevated into its normal axis, but the moment support was withdrawn it tumbled back into its acquired position. The pressure made against the rectum by the displaced organ was the chief source of discomfort. The patient suffered from a distressing flatulent dyspepsia and from constipation. The pressure of the uterus prevented an escape of flatus by the rectum and also occasioned such suffering that defecation was performed with the utmost difficulty. Enemas, or laxatives, were invariable required to secure a passage from her bowels. So long as the uterus was maintained in its normal position these symptoms were relieved. It was quite evident that the mechanical pressure of the displaced organ was the prime cause of both physical and mental distress and also contributed in a measure to the profuse loss of blood during menstruation. The congestion at the menstrual epoch occasioned most violent cramps, nausea and other disturbances so that the recumbent

posture was required during all of this time.

It was my opinion that any mechanical contrivance which would hold the uterus in position would relieve the pain and distress consequent upon displacement.

I determined at once to use a properly fitting pessary, but was informed by my patient that she was unable to wear pessaries, that she had worn a number without relief. I insisted upon further trial ,and during the next two months I employed every mechanical device which I could obtain, with total failure.

I then suggested the Alexander operation and explained the advantages of the procedure in her case. She readily consented, and in fact urged me to undertake the operation; she was more anxious than I was to test its value. Whilst I believed in the *rationale* of the method proposed, I had some misgiving as to the value of the method in her case, though it seemed to me that if her uterus could be drawn forwards and fixed the tendency to displacement backwards would be removed. At this juncture I was greatly aided by the experience, skill and anatomical knowledge of my friend, Dr. Randolph Winslow, of this city. Dr. Winslow had performed this operation twice upon the living subject, and had also demonstrated upon the cadaver the fact that the uterus could be easily elevated into position by the round ligaments and there be retained by traction upon them.

The operation was performed on the 8th day of June, with the assistance of Drs. R. Winslow, John G. Jay and W. J. Chappell. After etherization an incision was made over the external abdominal rings and the superficial tissues were cut through until the external ends of the round ligaments came into sight. These were dissected out and the ligaments were gently drawn through the canal until some three inches of their length were external to the canal. As traction was made on these ligaments the uterus was observed to rise in its normal axis in the pelvis. A sound was inserted into the uterus to aid in its replacement. Having demonstrated a correct position of the uterus, the ligaments were attached to the line of incision by buried cat-gut sutures. Cat-gut threads were also placed along the floor of the wounds to act as drainage tubes. The wounds were then closed. After closure of the wounds the sound was withdrawn from the uterus and a suitable pessary was introduced to aid in the support of the uterus until union had been secured. Primary union took place, with the exception of a slight discharge of pus along the tract of the cat-gut drainage threads. Within ten days the parts were entirely well. The patient had no trouble referable to the operation. Her temperature at no time was elevated above 100° F. After three weeks she was allowed to get out of bed and from that time onward her improvement was continuous. On October 11th last, I received the enclosed letter from her which explains her condition at that time.* I have seen her frequently since and at this time of writing her health is so vastly improved that she is able to do any ordinary domestic duty. She has been relieved of the suffering incident to the mechanical pressure of the uterus on the rectum. She has had no show of blood since Nov. last. It is believed that the menopause has been reached and that her general health will improve from this time forward, as the great drain from loss of blood has been stopped. Before this operation was performed my patient could not walk across her room with comfort; she was on the verge of complete invalidism. She is now able to walk where she pleases, run up and down stairs with ease and agility. She has informed me that she has recently walked fourteen squares on shopping expeditions with comfort. Her mental and physical condition are so markedly improved that she seems unlike the same individual.

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*BALTIMORE, October 10th, 1886.

DR. ASHBY, DEAR SIR:—I am happy to state that I have been very much benefitted by the operation you performed on me last June. Previous to this I was a great sufferer and could not sit up one hour with any degree of comfort. I can conscientiously say that I think the Alexander operation a great boon to those who suffer from displacement, and I would be more than willing to talk with any sufferer who is in doubt about it.

Yours Truly,

MRS. ————.

I have had no opportunity and no occasion to make a vaginal examination to verify the position of the uterus. Her sense of comfort and ease of motion are sufficient to prove to my mind that the uterus is now in proper position.

The inquiry may be suggested, How long will it remain in its normal axis? My answer is the remainder of her natural life. I see nothing in the present condition of the uterus to favor any other view. The organ has had its normal stays restored by shortening their redundant length. The menopause has been established and the weight of the fibroid tumor will become less and less, now that this has been declared. As a matter of safe precaution and of increased comfort a pessary will be worn for such a length of time as may seem judicious. It must be borne in mind that previous to the operation she was unable to wear a pessary with comfort.

Remarks. The case here reported illustrates in a very satisfactory manner the advantages of the Alexander operation in certain forms of posterior uterine displacement. The uterus having been dragged from its normal axis by fibroid growths upon its posterior wall, had remained in this false position for some years. The nutrition of the organ had been impaired, its size increased and a general relaxation of its muscular tone and ligamentous supports had been induced by these same growths. Whilst the organ could be readily restored to its position it was found impossible to retain it *in situ* by any mechanical contrivance which had been employed. Pessaries gave intense distress and could not be worn continuously for a longer period than one or two days at a time. They did but little good when employed. It was quite apparent that no form of mechanical support would be of service in this case, except a restoration of the normal ligamentous supports which had become relaxed and over stretched by the continuous weight of the displaced organ. The results have demonstrated the correctness of these views. It is in just such a condition of posterior displacement as has been recorded in this case that we have the promise of satisfactory results from shortening of the round ligaments, and in which the advantages of this procedure are most conspicuous. I fail to see any striking advantage which will follow the shortening of the round ligaments in cases of procidentia uteri. The round ligaments can exercise but a feeble power in preventing the uterus from descending in the pelvic canal. It has been shown by careful demonstation that they are the last of the uterine supports to become taut in downward displacement. It is therefore doubtful whether shortening of these ligaments,in the absence of a restoration of the perineal support, would render any material or durable service. Nor do I believe the Alexander operation is destined to meet with success in cases of posterior displacement where adhesions have formed between the uterus and rectal tissues. In such cases more or less violence is required to sever the attachments before the uterus can be drawn into its axis by traction on the round ligaments. The advantage of the procedure under such circumstances seems of doubtful propriety. In those cases of posterior displacement where the uterus is easily replaced by sound or finger, where the muscular tone is simply impaired and where pessaries are worn to no advantage, or with distress, the procedure under consideration is, in my judgement, not only admissible but positively indicated.

The Alexander operation has a limited field of usefulness, but when properly employed within the limits assigned to it, it is in my belief one of the most valuable procedures contributed to surgery within the last decade.

In this connection it is proper to discuss a few of the steps of the procedure. *First*, as regards the danger of the operation. As far as I have been able to collect statistics, the mortality has been less than two per cent. The operation is as nearly devoid of danger as any procedure can be, if it is properly performed. Among the cases reported death was attributed to pyæmia in three cases, which resulted from want of care and cleanliness. Peritonitis is a source of danger, since it is possible to injure

this membrane in drawing the ligament through the canal. With ordinary care the peritoneum can be discovered and its injury avoided. *Second*, the difficulty of finding the ligaments has been referred to by several operators. In the case here reported no trouble, in this respect, was experienced. With proper care and a knowledge of the anatomical arrangements the ligaments can be brought into view by cautious dissection. In a report of forty cases, made, in November, 1885, by Dr. Alexander, this difficulty was not experienced. Imlach, of Liverpool, has reported thirty-six cases without difficulty in finding the ligaments in a single case. As opposed to this experience Mundé, of New York, was unable to find the ligaments in three cases out of six cases; he therefore claims that this is an element of uncertainty in the operation. The fact that the inability to find the ligaments has occurred in less than four per cent. of the cases reported is but a slight disparagement to the operation. Such a failure upon the part of the operator only necessitates the closure of the incision and leaves the patient in the same condition she was in prior to the attempt.

I quite agree with Dr. Alexander in the statement that the operation is a delicate one and quite different from ordinary procedures. The external end of the ligament lies imbedded in the tissues and will be readily overlooked if not carefully dissected out. Its white sheen can be made to appear when gently drawn out of the ring. It then has the appearance and structure of a true ligament. The after-treatment of the operation should be conducted on strict surgical principles.

The following summary of conclusions is offered.

1st. The round ligaments are designed to hold the uterus in its axis in the pel vis and to draw the fundus of the organ towards the symphysis pubis. They have little if any sustaining power in preventing procidentia, except in extreme degrees of decent where the organ has escaped external to the vulva.

Posterior displacement of the uterus can only take place when the round ligaments have been relaxed or stretched by prolonged tension.

2nd. Shortening the round ligaments is a practical method by which the uterus may be lifted into its normal axis and be retained in position by a restoration of its normal supports.

3rd. This operation is admissible in all cases of posterior displacement where the uterus is not fixed by adhesions, but perfectly movable in the pelvis, and where other methods of support are not of service.

4th. The operation can prove of little value in cases of procidentia, except when employed in conjunction with other methods instituted to overcome this form of displacement.

5th. The operation can be easily performed by one who is familiar with the anatomy of the parts. It is almost devoid of danger if ordinary safeguards are employed.

6th. In the class of cases to which it is limited the benefits secured are striking and important.

AN EPIDEMIC OF DIARRHŒA AT THE INDUSTRIAL HOME FOR COLORED GIRLS.

BY R. M. HALL, M.D., OF BALTIMORE.

On Monday, July 19th, I received a message from the matron of the Home asking me to come down immediately and bring some cholera medicine with me. I got a four ounce bottle of Squib's Cholera Medicine and hastened thither. When I reached there I found that on the Saturday previous, two girls had been attacked with severe cramps in the stomach, and bowels attended with a diarrhœa, and on Sunday afternoon following fifteen more were attacked in the same way. The matron thinking that it was caused by some error in diet, had been giving them half teaspoonful doses of Sq. Cholera Mixture. I questioned the matron closely to see if it were possible that some one had administered poison in any form to them, and she stated that to her knowledge nothing but their regular food had been given

them. I found them suffering great agony all through the bowels, the pains being more or less constant, and described by them as being cramps in the stomach. They had frequent dejections; the stools did not contain blood and mucus, but were very black and offensive. In order to alleviate them as soon as possible I ordered the smaller ones teaspoonful doses of the cholera mixture, and the larger ones two teaspoonful doses of the same mixture, to be given every two hours. On the Monday following when I visited the institution, I found, to my surprise, that the medicine had given no relief, and instead of seventeen being affected in the same manner, there were twenty two of them. Some of them had such intense pain that the lower extremities were drawn upon the abdomen with the head bent upon the chest, or, as the matron described it, they were rolled up like balls. I then ordered a mixture of sulph. morph. and hydrate of chloral, the younger ones to get one-eighth of a grain of moph. and seven and a half grains of chloral at each dose, every two hours, and the larger ones twice the quantity. On Tuesday the symptoms began to grow less and less severe; the first ones attacked recovering more rapidly than the others. The remaining ten girls in the Home finally succumbed to the disease, some being affected with greater severity than others. The diarrhœa was not very troublesome, but four of the girls were affected with considerable emesis. After they began to convalesce I then made minute inquiry in regard to the kinds of food which had been given them. The kinds of food which were then used at the Home were, cabbage, potatoes, bacon, soup, beef, corn-pone, mutton, smoked sausage, bread, coffee and molasses. On Sunday, when most of them were affected, they had eaten nothing for breakfast but bread, coffee, molasses and smoked sausage. There were in all thirty-nine girls at that time in the Home, and all of them were subjected to the same symptoms in a greater or less degree. Besides there were in the Home, the matron with her little daughter, and two assistant teachers, (all white) who had partaken of the same kinds of food. None of the latter were affected. I called in during the week Dr. John Morris and we were, after a careful examination, unable to attribute the attack to anything else excepting it was possible that the drinking water was contaminated with the discharges from the privy vault. The pipe supplying the hydrant ran near the vault and it was supposed that there might be some connection between the pipe and the vault. He suggested that we should see the Health Commissioner, and he kindly sent an inspector up to the building to see if he could determine the cause. He came up and examined the water, but could detect no smell from it. The yard belonging to the institution is about sixty feet long and about forty feet wide, surrounded by a fence about twelve feet high; near the center was situated the vault, which was a cemented one, about ten feet deep and eight feet in diameter; the rim or top being about two feet beneath the surface of the yard. The rain water flowing through the yard had access to the vault, and although it was cleaned about every three months, it would be always full at the end of that time. The institution faces the West and hence the yard being in the rear was towards the East. About the time the vault was full there would be an almost unendurable stench arising from the vault, and the neighbors on either side of the institution would complain about it, and the back windows of the building would have to be closed in order to prevent the stench from permeating the building. This then was believed to be the cause of all the trouble. The hydrant in the yard was nothing more than a plain pipe running up the wall with a spigot attached. There were two spigots in the kitchen for water and two in the bathrooms. There are no waterclosets in the building and all waste water was carried from the building every morning in buckets to the vault, or else emptied in the alley in the rear. The sink was cleaned and then filled in, and a well was dug in the rear part of the yard

about fifteen feet deep, down to about three feet of water, and since then no further trouble has occurred. A greater part of the food which was being consumed at the attack was saved and eaten later on without being affected by it. The question might arise just here, how did I account for the inmates being affected and none of the teachers or the little girl? In the first place, during recess hours the girls would assemble in the yard and play or while away the time, thus getting the full effects of the nauseous odor, and, secondly, many of the girls committed to the Home are scrofulous, and some have been leading the lives of vagrants, whilst others have not had proper supervision as regards their methods and habits of living. Such persons most readily succumb to disease, and no doubt the fact of overcramming their stomachs with food producing alimentary disorders, rendered them most susceptible to the horrible stench which pervaded the yard, and consequently their systems were not capable of throwing off the poisonous material. The girls ages in the Home range from six years to seventeen.

Society Reports.

THE BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING, JANUARY 18, 1887.

Owing to the absence of both the President and Vice-President, Dr. T. A. Ashby, was elected President *pro tem.*

ALCOHOL AS AN ANÆSTHETIC.

Dr. W. Chew Van Bibber related three cases in which complete anæsthesia was brought about during labor, by large doses of alcohol. The uterine contractions were regular and easy, there was no trouble with the placenta nor was there any post-partum hemorrhage. The patient was so completely under its influence as to experience no pain and was entirely unaware of the passage of the child from the uterus. He thinks its action compares in these cases very favorably with that of chloroform.

Dr. T. A. Ashby has seen one major operation performed while the patient was under the influence of alcohol. The operation took an hour and a half. In this case, however, the whiskey (that was the form employed) was hardly pushed far enough, as the patient was somewhat hilarious during the operation. In this instance, however, he thinks the efficiency of the agent was greatly increased by fortitude and love for the whiskey on the part of the patient.

Dr. W. Chew Van Bibber has employed alcohol in puerperal eclampsia for years, with the happiest results. He keeps the patient perfectly relaxed for twenty-four hours. He has never had any reason to doubt its efficiency in these cases.

A NEW INSTRUMENT.

Dr. W. Chew Van Bibber also showed an instrument devised by him for use in circumcision. It is in the form of a punch and is so arranged as to cut from the foreskin a triangular bit of the tissue,

Dr. A. B. Arnold corroborated the statement by Dr. Van Bibber, that the skin after circumcision retracts to an astonishing degree.

DIPHTHERIA TREATED BY THE OUT-DOOR METHOD.

Dr. W. Chew Van Bibber then referred to a case of diphtheria that he had recently treated successfully as an out-patient. The patient was a girl who presented herself with both tonsils covered with diphtheritic ulcers and patches. The pharynx was likewise involved. Cervical glands swollen and tender. A very bad odor came from the throat. He looked upon it as a grave case. His treatment was as follows. He gave her four prescriptions:

No. 1.—Brandy, carbolic acid and quinia.

No. 2—Quinia grs. iv, whisky ℥i; ℥ss every two hours.

No. 3.—Was a disinfectant to be used as a gargle.

No. 4.—Was composed of powders of sulphur grs. x each, to be placed dry in the mouth.

Under the circumstances he thinks it remarkable that the girl should have recovered.

Dr. W. Chew Van Bibber then read a paper upon

THE DIAGNOSIS OF CANCER OF THE MESENTERY.*

DISCUSSION.

Dr. A. B. Arnold considers diagnosis in these cases very difficult. He can only say that he has on several occasions suspected the condition, but has never had his suspicions verified by an autopsy.

Dr. John Ohler thinks we might be aided in an diagnosis in these cases by the fact of the mobility of most of the abdominal contents. By causing the patient to alter his posture he thinks the tumor could be made to change its position.

Dr. A. B. Arnold read a paper on

NEURASTHENIA.†

DISCUSSION.

Dr. F. T. Miles was glad to have heard this paper. He has seen a number of these cases and thinks the picture drawn by Dr. Arnold in his paper represents them perfectly.

He thinks the large number of these cases instead of being accompanied by dyspepsia really result from dyspepsia. Thinks the cerebral symptoms result from disorders in the digestive tract. Thinks the number of symptoms given by neurasthenics indicate a very general derangement of the nervous system.

It is his experience that persons with real spinal disease tell their symptoms in a very few words, but where the disease is imaginary, as in neurasthenics, the train of symptoms is almost endless. He agrees with Dr. Arnold that neurasthenia is liable to blend and glide into melancholia and grave cerebral disorders.

He referred to the permanence of many of the peculiar phobias exhibited by neurasthenics. A gentleman while in a neurasthenic condition suffered from the fear that his wife was becoming bald; he recovered and was in the habit of ridiculing this diseased notion; one evening while at a company his wife's false hair became accidentally disarranged when the old fear immediately returned to the gentleman. In the case just referred to, improvement in personal hygiene resulted in recovery.

Dr. A. B. Arnold is gratified at hearing Dr. Miles agree with him. Hitherto neurasthenia has been obliged to fight its way into general recognition. In most of the later works devoted to diseases of the nervous system he finds it occupying a prominent place. He don't think Dr. Beard has received the proper recognition in his own country.

Dr. H. P. C. Wilson thinks many of the maladies seen in young girls are attributable to a defective system of education in which physical training is almost completely subordinated to mental exercise. There is no doubt that such a condition can only result in exhaustion of the nervous forces.

Dr. A. B. Arnold related a case in his own practice in which he was called to see a young lady; he could not determine her ailment nor could he relieve her by any means known. Becoming discouraged he ceased his visits. Shortly afterward he saw her on the street, a picture of health. Enquiry revealed the fact that she had had a lover who had left the city, this was the cause of the condition in which he first saw her. He had now returned and this he supposed to be the reason for her return to health and spirits. He is puzzled to know what treatment a physician should adopt in such a case.

Dr. T. Barton Brune read a paper upon

A REDUCING SUBSTANCE IN THE URINE RESEMBLING GLUCOSE.

*See MARYLAND MEDICAL JOURNAL January 29th, 1887.

†See MARYLAND MEDICAL JOURNAL February 5th, 1887.

Dr. John Uhler read an article from the *Boston Medical and Surgical Journal* by Dr. Harrington upon

POTASSIUM BI-CHROMATE AS A SOURCE OF POISONING.

Following upon this he read a letter from a chemist in charge of the large Chrome works in the North in which this gentleman endeavors to show that the article in the Boston paper is not a statement of facts and that its author, upon chemical grounds, is not justified in making the statements. He says: "Dyers who use the salts of chrome acid are not affected. Weavers who employ the stuffs that have been dyed with those colors are not poisoned."

In the United States there is nothing known as chrome disease of the skin. Excepting the loss of the nasal septum the workers in that establishments are as healthy as outsiders. Those who spend a short time only each day in chrome works are in no way affected in health.

Dr. John N. McKenzie said in his observations upon the perforation of the septum as a result of the action of chromium, it is seen that perforation may occur in some cases so early as twenty-four hours after first working in the substance.

Chrome acid is limited in its action being converted, when acting, into an insoluable oxide. He has found ulcerations on the mucous membrane of the nose but not of the pharynx. He called attention to the fact that when the substance gains entrance to the system it always finds its way to the respiratory tract.

Perforation of the septum from chromic acid map be differentiated from that resulting from syphilis by the fact that in the former there is no change in the out shape of the nose while in the latter the outline of the organ is altered.

Dr. J. F. M. Geddings, a leading physician of Charleston, S. C., died on Feb. 4th, at his residence in that city. Dr. Geddings was a surgeon in the Confederate army, and had charge of the Academy Hospital, Augusta, Ga.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING, HELD JAN. 12, 1887.

The President, J. SOLIS-COHEN, M.D., in the chair.

Dr. J. H. Brinton made some remarks on

THE USE OF WHALEBONE BOUGIES IN THE TREATMENT OF URETHRAL STICTURES.

I propose, for a few moments, to ask the attention of the Society to some points in the application of filiform bougies to the treatment of urethral stricture, although it is not my purpose to institute any comparison between other modes of treatment and that of which I shall speak. I wish merely to refer to the process of rapid dilatation, effected in the course of a few minutes, by the introduction of stretching instruments, the employment of which is preceded and accompanied by the use of filiform bougies. When these latter were first introduced they were warmly welcomed, but I think that of late some disappointment has been felt in regard to their efficiency, a disappointment which, however, I do not share. I believe that in these instruments we have an efficient mode of treating stricture, provided they be properly constructed, and skilfully manipulated.

As I have never been quite satisfied with the whalebone filiforms of the shops, I have for some years been in the habit of making my own, and with these I have experienced comparatively little difficulty in treating strictures, and in relieving obstinate cases of retention. My experience has convinced me that all organic urethral strictures of non-traumatic origin are pervious to the filiform bougie, patiently and systematically essayed, and this is the essential and starting-point in the treatment which I prefer.

In making my bougies I purchase the material from a dealer in New York.*

---

*Joseph F. Tobin, 82 Duane St., N. Y.

These long, slender, rounded whalebones of various thicknesses are articles of commerce and are used for many purposes in the arts. They are rounded through a drawplate, and come in lengths of twenty-seven or twenty-eight inches, costing about two dollars a gross. Each piece will make two bougies. In preparing them I first cut off the end transversely so as to get rid of any tendency to split. I then round the end by rubbing it lightly on a sheet of emery-paper gummed upon a board. I then make the extremity bulb-shaped. I am told that the bulb is usually produced by the action of a file. This, I think, is objectionable, as it impairs the fibre of the bone, and renders it liable to break or cut when metallic instruments are slid down over it. I make the bulb extremity by placing the end of the whalebone in a groove on the board and shave or scrape it from the end with a very sharp knife. I then shave down the shank and neck in like manner in the opposite direction, until I have formed a conical neck from three to four inches long and of almost capillary thickness as it approaches the bulb. The shaping of the bulbar end demands some dexterity in handling the knife, and to insure accuracy I do this under a lens of lower power. Having shaped the filiform with the knife, it may, if desired, be yet more smoothed by being rubbed laterally on the emery board. In case cylindrical whalebone cannot be obtained from the manufacturers, the irregular strips may be readily rounded by being passed through a watchmaker's drawplate, or wire gauge. As the filiform whalebone bougie is the guide upon or over which metallic instruments are to be passed, each one should be carefully fitted. This can be done by frequently passing it upward and downward through the tunnelled perforation in the beak or extremity of each and every instrument, in conjunction with which it may in future be used. This may seem a small matter, but, in fact, the harmonious action of the guide bougie and its metallic companion has much to do in effecting a ready passage of a strictured point. [The speaker here illustrated the process of constructing the bougie]. After using one of these instruments, should the neck become bent or twisted, I place it for a moment in hot water and then press it between the leaves of a book.

In endeavoring to pass a stricture I make the first attempt with a single whalebone: if it passes, well and good. If it does not go through, I follow it with others, perhaps five or six, until the follicles or folds of the mucous membrane near the stricture are occupied. Then by patiently essaying the filiforms, I almost always succeed in getting beyond the stricture at the first sitting. Sometimes, although very rarely, and in non-urgent cases, if great difficulty be encountered at the first trial, and the patient be frightened and irritable, it may be advisable to desist for the day, and to make a subsequent second attempt. Success at the first trial is, however, the rule, if the instruments be well made, and the efforts be gentle. There is, however, a caution to be observed as to the time of making use of filiform instruments. Their application, in case of tight stricture should be primary—I mean that one cannot expect to succeed with them if they have been preceded on the same day by the attempted introduction of round-ended instruments, the tendency of which undoubtedly is to obscure or close in some way the narrow opening of a resisting stricture, and thus to render its detection more than usually difficult. I may add here that I always use the straight filiform.

The whalebone, when once introduced, serves as a guide to the metallic catheter, or stretching instrument. This may be the tunnelled catheter, or any of the various forms of dilators or divulsors; preferable, I think, that of Sir Henry Thompson, followed by this powerful and most efficient instrument designed by Prof. S. W. Gross, and which registers from 16 to 40 of the French scale.

In using metallic instruments in conjunction with the filiforms, there is one point to which, I think, attention has not been directed. We are ordinarily

told to slide the metallic instrument over the whalebone through the stricture into the bladder; in so doing the whalebone may be cut at the seat of stricture. I have often heard of this accident, and I have seen it happen. I avoid it in this manner: Having passed the whalebone into the bladder, I carry the metallic instrument—threaded on it, as it were—down until I reach the stricture, the point of resistance. I then cease to push the metallic instrument along the filiform, but slightly withdraw the latter to gain a little by its conicity. I grasp firmly both instruments between my thumb and finger, and gently carry them on together. In this way I am almost certain to pass the resisting point, and, if the stricture be single, to reach the bladder. I speak on this matter somewhat positively, since I have used these instruments largely, and cannot, for many years, recall a case which I have failed to pass in the manner described.

In employing the stretching instrument I usually separate the blades as far as No. 30 or No. 35 of the French scale, and on its withdrawal, introduce a steel bougie of about the same calibre, to see that it all is right and that the urethra is clear. The bougie is then removed and is not reintroduced until the third or fourth day. The after-treatment consists in the hypodermic use of morphia, etc., full doses of quinine, and in a milk diet.

In retention dependent upon tight and irritable stricture, not readily overcome by the catheter, I have often succeeded by simply passing a whalebone into the bladder and leaving it *in situ*. The urine will readily pass along the filiform by capillary action, and the steady dribbling thus established will in a short time empty the bladder. The presence of the whalebone serves also to render the stricture less tight, and so facilitates the after-passage of metallic instruments should their use be considered desirable.

DISCUSSION.

Dr. S. W. Gross said: I take it that Dr. Brinton has confined his remarks to the treatment of very tight strictures. I think that the younger members of the profession, who are not much accustomed to the use of filiform bougies, ought to be told not to put too much confidence in them. The filiform bougie does not pass with a great degree of readiness through a small stricture or even through a large one in all cases. I differ from the speaker in regard to the usefulness of the twisted bougies. In the great majority of strictures the orifice is eccentric. A twisted bougie will often pass after we have failed to pass a straight bougie, although the urethra has been packed with them.

We know that in cases of stricture not the result of traumatism, the obstruction does not arise from the organic stricture itself. A man may have been suffering with stricture for some time, and the calibre of the urethra have been gradually narrowing until the stream of urine becomes very small. In this condition he exposes himself to the cold and wet, and in the course of a few hours is unable to pass urine. In such a case the obstruction is not due directly to the organic stricture, but there is superadded spasm of the muscles of the urethra, and it is spasm which we have to overcome rather than the coarctation itself. In such a case, the patient being under the influence of an anæsthetic, I carry a medium-sized instrument, say one whose shaft measures No. 16 and whose point is No. 13 of the French scale, down to the stricture, supporting, if necessary the curve of the instrument with the finger on the perineum or in the rectum. In the majority of cases gentle pressure for a few minutes will enable the instrument to pass into the bladder. I have succeeded in this way in cases where I failed to introduce a filiform bougie. A convenient way of passing the filiform bougies is first to pass into the urethra to the seat of stricture a short metallic tube, and then carry the whalebone bougies through this tube.

I have met with the difficulties referred to in the manufacture of the whalebone bougie. The cutting of the bougie is often due to the instrument which

passes over it The eye is at times so sharp that it strips up the whalebone. Care should be taken to see that the opening is well rounded.

In the operation described by Dr. Brinton, which is the one to be used if it is so desired in these cases, it is well after passing the coarctation and relieving the retention, to bring the urethra up to a certain calibre, and that is another point of treatment of stricture. How shall we know to what extent we shall divulse or incise a stricture? The operation described to-night is really that of divulsion. I had to-day at my clinic a case in point. It was that of a young man from a distance. He was etherized, and in order to determine to what extent the stricture should be cut or dilated, I introduced into the urethra the urethrometer, with which we can measure the capacity of the urethra. In this case there were two strictures. Immediately in front of the first, which was six and one-fourth inches from the meatus, the urethra had a capacity of No. 31. In such a case, as the stricture always shows a tendency to contract, it is well to cut or rupture it to No. 34 or 35, to allow for the subsequent contraction.

The instrument to which Dr. Brinton has referred, I had made more particularly for the purpose for which he has used it. At the time that I had invented this instrument, I was a rather firm believer in the treatment of stricture by divulsion. I do not employ this method now, although I would use it in a case of retention of urine. It is no more dangerous than cutting, and cutting is no more dangerous than divulsion. The cutting can be more accurately limited than the divulsion. With the latter method we tear not only the stricture, but also the mucous membrane at some distance in front of and behind the stricture. In a specimen in my possession where divulsion was employed, there were no less than nine rents in the mucous membrane, and the rent in the stricture was oblique and had not gone completely through the stricture. This method will do in superficial strictures, but in hard fibrous strictures we have to supplement this operation with urethrotomy. It is for this reason that I have given up divulsion for internal urethrotomy, and I do not resort to this latter operation so frequently as I formerly did. When the patient is within convenient distance, I much prefer in ordinary cases of inflammatory stricture, and in recent cases more particularly, to resort to gradual dilation. I have reached the firm conviction that the cases in which radical cure is produced by divulsion, internal incision, or external incision, are so rare that it is rarely worth while to resort to these operations.

Dr. Charles B. Nancrede said: While agreeing with most of that which has been advanced by Dr. Brinton, I am rather more in accord with the last speaker. When I intend to do any radical operation, I prefer incision, for then I know exactly what I am doing. My experience teaches me that filiform bougies are not always easily passed through a stricture, even when it is of comparatively large size. Where I have failed to pass the filiform bougie, I have frequently succeeded with a metalic instrument of fair size. I have never had to tap a bladder for retention, but have always succeeded, sooner or later, in getting into the bladder with a filiform bougie.

Although well aware of the eccentric position of the orifice of most strictures, I was particularly struck with the usefulness of recognizing this fact some years ago, in a case of organic stricture in which the urethra had ruptured. Dr. Packard had made several incisions to relieve the infiltration of urine, and when the patient was turned over to me as a hospital case the larger part of the urine was passed through an opening at one side of the root of the penis. I tried, on a number of occasions, to pass filiform and other bougies, but always failed. I then called a consultation, intending to perform external urethrotomy. Under ether, I again failed to pass any instrument. I asked Dr. Packard to try. Passing the bougie down to the stricture, he carried it transversely to the left, at a right angle

to the course of the urethra, passed it in this direction for about half an inch, and then again by a right-angled turn passed the instrument on in the normal direction of the urethra through the stricture, which was not tight. The instrument was tied in, and the patient eventually recovered. In like manner, a twisted filiform bougie may do good service in a tight stricture. I do not think that the filiform instrument is entirely free from danger in the hands of a tyro. There are cases in which the extremity has been caught in a crypt behind the stricture, a false passage made, and this erroneous route has been followed up with other instruments. Whalebone filiform bougies are, however, of the utmost value when skilfully used, and I should feel completely lost without them to fall back upon in a difficult case. Like Dr. Brinton, I have found it necessary to make them myself. I heartily endorse his method of procedure after the tunnelled catheter or sound has entered the stricture, and have for years resorted to it myself, with invariable success.

Dr. Brinton said: The remarks which have been made only show that every surgeon operates according to the habit of his own mind and hand. While I do not claim that the method which I have described is better than that of others, I can only say that it is one which I have followed for many years, which has yielded me great success in the past, and to which I look forward with confidence in the future. I believe, too, that uniform success in this procedure can only be secured by the use of properly constructed filiforms, and by the observance of the cautions to which I have referred.

The Treatment of Pleurisy with Effusion by Hay's Method.—Professor William Osler, in a clinical lecture, reported in the *Medical News*, calls especial attention to the treatment of pleural effusion, as well as general dropsies—renal or cardiac—according to the method of Professor Matthew Hay, of Aberdeen.

The method consists in giving a concentrated solution of a saline cathartic, at a time when there is very little fluid in the intestines, thus causing a rapid concentration of the blood, owing to the abstraction of water to form the intestinal secretion excited by the salt.

Professor Osler orders the patient to take nothing after the evening meal, and then, an hour before breakfast, administers ½ to 6 drams of magnesium sulphate, in 1 ounce of water. The patient must not drink after it. This will usually produce from four to eight watery stools, without pain or discomfort. Attention is also called to another point, namely, that the salt also acts as a diuretic.—*Med. and Surg. Rep.*

Cocaine in the Incoercible Vomitings of Pregnancy.—Cocaine has lately come into use for the incoercible vomitings of pregnancy, and in several cases reported by Weiss, Engelmann, Holtz and Bois, it seems to have given good results. Weiss prescribes a teaspoonful every half hour of a solution containing fifteen centigrammes of hydrochlorate of cocaine in one hundred and fifty grammes of water. Engelmann and Holtz use a three per cent. solution in ten to thirty drops doses, while Bois applies to the neck of the uterus, night and morning, a pomatum in which one centigramme of cocaine is incorporated with fifty grammes of vaseline. Fraipont prefers the hypodermic method, injecting under the skin a Pravaz syringe full of a four per cent. solution, and claims signal success in other forms of obstinate vomiting as well as in the vomitings of pregnancy.—*Bos. Med. & Surg. Jour.*

Treatment of Anal Fissure.—Dr. Crequy proposes to treat this affection by introducing within the fissure a fragment of lint soaked in a solution of chloral, 1 to 50. This application is made after the morning stool, and is expelled on the following day, when the bowels move. Its action as a stimulant to granulations and local antiseptic has been most happy.—*Les Nouveaux Remèdes*, November 24, 1886.—*Ther. Gaz.*

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BALTIMORE, FEBRUARY 12, 1887.

Editorial.

A NEW THEORY OF MENSTRUATION.—In the "Presidential Address on Some Pending Questions in Gynæcology," delivered before the British Gynæcological Society (*British Medical Journal*, Jan. 22, 1887,) on January 12th. Mr. Lawson Tait calls call attention to the subject of menstruation and refers two papers read before the Society during the past year on this subject, in which a new theory of menstruation is presented by two different observers working upon different materials, in different ways, and approaching their subject from altogether different standpoints, and without the faintest kind of association, yet each arriving at conclusions absolutely identical. The authors of these two papers are Mr. Bland Sutton, of Liverpool, and Dr. Arthur Johnstone, of Danville, Ky.

It is well known that new theories of menstruation have been attributed to Mr. Tait, but Mr. Tait affirms that all he pleads for is a wholesome skepticism. He does not hold to the opinion that ovulation and menstruation stand as cause and effect.

The conclusion reached by Mr. Bland Sutton is that Macaque monkeys and baboons suffer a periodical loss of blood from the uterus. Unlike the human female, in them there is no shedding of the epithelial lining of the mucous membrane of the uterus and utricular glands. The amount of blood which escapes is very small in quantity.

Dr. Johnstone's paper, of which Mr. Tait says, "I am specially proud of it, because he is a typical example of the splendid race which the implantation of Britons on a new soil has produced, and I have had the privilege of ranking him among my pupils," is equally conclusive.

Dr. Johnstone advances the theory that menstruation is the result of a glandular function, and he shows that the menstrual organ is the endometrium. According to Dr. Johnstone's observations, a section of the uterus in a girl eleven years of age shows a mere coating of the columnar epithelium, without corpuscular development. A section of the endometrium of a girl aged thirteen, who had menstruated twice, shows more elaborately developed columnar epithelium, and the beginning of a corpuscular layer. The menstruating uterus of a woman of twenty shows abundant corpuscular development, constituting a thick endometrium, with its endometrium in process of casting, whilst a senile uterus at sixty shows merely the skeleton of the endometric structure, with almost complete exhaustion of its corpuscular elements and a total absence of epithelium. Both Mr. Sutton and Dr. Johnstone agree that in menstruation the epithelium of the tubes is not shed.

Mr. Tait argues that from these facts we have the explanation of a long series of most intricate physiological and pathological difficulties, the riddles of which seemed to be wholly beyond our grasp. "First," he says, "we have an explanation of the familiar fact that impregnation and menstruation seem to have a clear relation as to coincidence, the plain fact being that an impregnated ovum adheres only to a surface denuded of epithelium. When desquamative salpingitis has destroyed the tubal epithelium, the ovum may be impregnated in the tube, and may adhere to the exposed tissue and the dreadful issue of tubal pregnancy will result."

Mr. Tait claims that ovulation is going on constantly, long antecedent to puberty, and, in old age, long after the

climacteric. "For pregnancy not only an ovum is required, but it is necessary that the ovum, when fertilized should pass over the endometrium when it is denuded of its epithelium, and in a condition of turgescence fit for the subsequent process. But for one ovum thus secured, there are probably scores or hundreds which persist, either dropping into the peritoneal cavity or passing out through the uterus. The menstrual process is necessary, or, at least, such parts of it as involve the preparation of the endometrium are necessary for impregnation, but menstruation has nothing to do with ovulation further than being a means to the end of gestation."

Many curious clinical experiences and pathological facts, Mr. Tait argues, are explained by these views. Chronic endometritis, which involves sterility in a large number of cases, is cited. The curette cures the disease and removes the obstruction.

"The condition of infantile uterus means absolute sterility by reason of the arrest in development of the glandular tissue." Mr. Tait further argues that, "The singular discrepancy between the uterus and ovaries in their pathological tendencies is due to two facts, the first discovered by Ritchie, that from infancy to death the glandular function of the ovary is never quite at rest, so that ovarian tumors are met with at all ages; the second, displayed for the first time by Johnstone, that the truly glandular function of the uterus begins with puberty and ends with the climacteric, therefore we have myoma practically limited—indeed in origin the limitation is absolute—to the time between these two incidents of woman's life."

Dr. Johnstone claims in support of his theory that the endometrium above the internal os is not a mucous membrane, but belongs to the so called adenoid tissues, and that menstruation is for it exactly what the lymph stream is to the lymph gland, or the blood-current to the spleen.

The explanation for the occurrence of this phenomenon in women only, and in some of the higher apes in a partial way, is thus explained. "In two of the ruminants I have shown that nature has supplied this tissue with an abundant lymph-stream, which in the unimpregnated state washes away the ripe material to the general circulation exactly as it does any other lymph corpuscle. But in woman, where, on account of its erect position, the uterus has to depend on the tonicity of its own fibres for the preservation of its shape, no such thing as loose tissue of the lymphatic net-work can be depended on. So to preserve the integrity of the uterine wall, the emulgent stream is poured into the cavity of the body and got rid of by the vagina."

Dr. Johnstone claims that the sow does not menstruate for the same reason that a child does not. The corpuscles are so slightly developed that they do not need rapid removal.

The theory here advanced is extremely plausible and so far as proof has been offered rests upon well observed facts. According to this view of the phenomenon of menstruation the function has been determined by the upright position.

Note on Tincture of Strophanthus. —At the Cardiff meeting of the British Medical Association, held in July, 1885. Dr. Thomas R. Fraser, of Edinburgh, called attention to the "Therapeutic Uses of Strophanthus" in a paper which was subsequently published in the *British Medical Journal*, (November 14th, 1885,) an editorial notice of which appeared in this *Journal* of Dec. 5, 1885.

Dr. Fraser now reports (*British Medical Journal*, January 22, 1887,) that he has been favored with many letters from medical practitioners describing their experience of its effects. The general character of this experience been confirmatory of the statements he has made.

The therapeutic employment of strophanthus seems to be extending even more rapidly than Dr. Fraser anticipated. Until recently this extension has been impeded by the difficulty of procuring the drug. As this difficulty has been removed, Dr. Fraser deems it of importance to consider the pharmaceutical form of the preparation in order to obtain a preparation of uniform strength

and convenient dose. We therefore give place to the following remarks from Dr. Fraser. He says:

"In the communication referred to, I described several cases of cardiac disease treated with strophanthus in the form of tincture, in which however, several tinctures varying in strength and in other characters had been administered. These variations were to some extent due to the circumstance that, in the absence of knowledge regarding the therapeutic effects of strophanthus, trails of a tentative description were required with preparations of different strengths before one could be selected whose dose is a convenient one. More recently, I have nearly always employed a tincture corresponding to the officinal tincture of digitalis (1 in 8), as it was more easy with it to institute a comparison between strophanthus and digitalis. The dose of this tincture was ascertained to be from two to four minims, two minims being, in a large proportion of cases, a sufficient quantity. The preparation has in my hands proved altogether satisfactory, but no doubt for general use its dose may be an inconveniently small one.

Judging from expressions of opinion in various quarters, the requirements of general practice would in all probability be satisfactorily met by a tincture whose doses range from five to ten minims. These doses would be obtained by a tincture of 1 in 20, prepared by the following process; and I would accordingly propose the adoption of this tincture in the future applications of strophanthus in the treatment of disease.

Strophanthus seeds, deprived of their comose appendices, reduced to powder, and dried, 1 ounce or 1 part. Ether, freed from spirit and from water, 10 fluid ounces, or 10 fluid parts. Rectified spirit, a sufficiency to obtain 1 pint, or 20 fluid parts.

Remove entirely the stalks and comose appendices from the seeds, reduce the seeds to a moderately fine powder, dry the powder by exposing for twelve hours to a temperature of 100° or 120° Fahr., and weigh. Pack in a percolator (the percolator being furnished with air valves, or being otherwise so constructed that the percolation may be arrested when desired), add ether until the whole of the powder is saturated, and a small quantity of the ether has dropped into the percolator; arrest the percolation for twenty-four hours, and then continue percolating slowly until the whole of the ether has been used. If the last ether percolate should not be almost colorless, use more ether.

Remove the powder from the percolator, expose to the air, and break up any lumps after the ether has sufficiently evaporated; and continue the exposure, heating the powder, if necessary, to 100° or 120° Fahr., until all the ether has evaporated, when a uniform, nearly white, dry powder may be obtained.

Repack the powder in the percolator, add enough of rectified spirit to moisten it thoroughly; arrest the further flow of the spirit, and macerate for forty-eight hours, and pass rectified spirit slowly through until twenty fluid parts of tincture have been obtained.

In this process, the preliminary extraction with ether is for the purpose of removing the large quantity of inert oil contained in the seeds, which, if present in the tincture, would cause it to become opalescent on the addition of water.

The dose of this tincture is from five to ten minims. It may also be used in doses of half a minim to two minims, frequently repeated. It is nearly colorless, having a very pale yellow tinge; neutral in reaction, and intensely and rather persistently bitter in taste. It mixes unchanged with water is not precipitated by solution of tannin, but becomes markedly opalescent when ether is added to it. Solution of perchloride of iron intensifies its yellow color; and, at the same time, produces a slight haziness in the solution; and after some hours, the slightly opalescent fluid acquires a greenish yellow color.

The chemical and pharmacological experiments which I have made show that the seeds contain much larger of active principle than any other part of the plant. The pericarp of the follicles, and the comose appendices of the seeds, contain a relatively small quantity, and the quantity is not the same in

each part of the pericarp. Details of observations on these points, as well as on the histology, chemistry, pharmacology and therapeutics of strophanthus are now nearly ready for publication; but, in the meantime, I must express the opinion that the seeds furnish the most convenient and trustworthy preparations for therapeutic administration, and that they alone should be used for preparing the tincture."

Miscellany.

Nephrorrhaphy.—Dr. D. Hayes Agnew reports the following case in the *Med. News*, (January 29, 1887).—I. B., aged thirty-two years, married, a native of Pennsylvania, was admitted to the medical ward of the University Hospital, October 13, 1883, with the following history:

His occupation was that of salesman. For some time he had been employed in a furniture store and enjoying perfect health. In the fall of 1878, while lifting a heavy peice of furniture, he felt something give way in his back, followed by a sharp sickening pain in the same region. His suffering was so great that he was unable to continue his work.

When admitted to the hospital he complained of a severe dragging pain in the lumbar region which extended downward to the caput coli, was paroxysmal, and always aggravated by any unusual effort. Dimness of vision was also present, though a careful examination of the eyes failed to disclose any abnormality whatever. In the left lumbar region and extending forward to the umbilical there was a tumor having the general conformation of the kidney. This could be readily felt through the abdominal parietes, though occasionally it would disappear beneath the ribs, and could only be made tangible by the manipulations of the patient.

At the time of of his admission, albumen in small quantities was detected in the urine, but no casts. The former disappeared very soon or after a few days of quiet in the hospital ward. The diagnosis made by Prof. Pepper, under whose care the patient was placed, was floating kidney. Various measures were adopted to fix the organ but without avail, and at the end of some months he left the institution without realizing any material benefit. The following October, finding himself growing worse, he returned to the hospital and came under my care. Several examinations of the urine were made, none of which gave evidence of structural change in the kidney. Nephrorrhaphy was proposed as the only procedure promising relief. The proposition was accepted, and on the 10th of October the patient was placed on the table; the kidney exposed through the loin and the organ stitched in the wound by means of animal threads passed through its capsule. A drainage tube was introduced and the incision closed by suture. The operation was made under strict antiseptic precautions and resulted in prompt union. After the first twenty-four hours the temperature remained normal, and on November 5, 1884, the patient was discharged.

M. Pasteur's Prophylactic.—At the Academy of Medicine on January 4th, two communications were made respecting vaccination for rabies. In the first place, according to the *Times* telegram, Prince Zaghit sent word that ten Russian soldiers, bitten by a dog, had returned from Paris, where they had undergone the treatment, and were quite well, as also (like the dog that bit the American children) was the dog. Prince Zaghit hinted that the soldiers had procured a visit to Paris without expense.

M. Trelat remarked that this proved at least that the treatment was innocuous. M. Trelat was followed by Professor Péter with particulars of a death attributed to the treatment, and resembling the two fatal cases which have been reported in England. A carter, named Revaillac 20 years of age, and living in Paris, was bitten in the finger by a dog which a veterinarian declared to be mad. Two days after, he placed himself under the more intense Pasteur treatment. For twelve days, all seemed to go well, but he was then attacked by steadily increasing pains at the spots

where he had been inoculated. Then followed general uneasiness and weakness. His sister advised him to go to the Laboratory for advice, but he said he was too weak to walk. This was on Sunday, December 12. Next day, he could not leave his bedroom, and could scarcely eat. On Tuesday, he took to his bed. On Wednesday, he had spasms in the throat, could not at times swallow liquids, could not turn himself in bed, and could scarcely speak beyond exclaiming occasionally, "*Oh, ce chien!*" On Thursday, he was worse, scarcely uttered a word, and expired in the course of the day, foaming at the mouth in his last moments. M. Péter declared these symptoms to indicate, not ordinary hydrophobia, but the paralytic rabies from which the rabbits furnishing the vaccine died. A discussion arose, in which M. Dujardin-Beaumetz argued that rabies had not been proved, for the expectoration and abhorrence of water characteristic of the paralytic form of it were lacking in Revaillac's case. M. Chauveau suggested that even if rabies was the cause of death it might have resulted from the bite, not from the inoculation, which perhaps, had too hastily been declared infallible, whereas it might in certain cases be inefficacious.

The absence of medical observation during the man's illness, as also of a necropsy, was likewise pointed out. M. Péter replied that he had simply shown death to have taken place, notwithstanding the treatment, and he invited M. Dujardin-Beaumetz to join him in a further investigation.—*Brit. Med. Jl.*

Absorption of Fat in Acute Intestinal Catarrh.—Dr. Viazhlinski, who has been working in Professor Ivanovski's laboratory of pathological anatomy in St. Petersburg, has published an interesting paper on the question of the absorption of fat in acute catarrh of the small intestine. The literature, to which he first alludes, comprises more than ninety papers, etc., including those published by Goodsir, Schäfer, and Watney in this country. His own observations were conducted by inducing acute intestinal catarrh in animals by means of irritant drugs, and then feeding them with milk or other fat-containing food, after which the animal was killed and the intestinal villi examined with the help of osmic acid, which he found the most satisfactory agent for making the preparations. The drugs used were colchicin and croton oil. Several animals (cats and dogs) died, so the quantity of colchicin was reduced from one-thirtieth to one-sixtieth or one-hundredth of a grain, which produced choleraic stools. Croton oil was given in repeated doses of five or six drops, producing diarrhœa with exhaustion. When the animals presented, besides diarrhœa, an inflated abdomen, constant borborygmi, and a considerable degree of exhaustion, an acute catarrh of the small intestine was considered to have been established, and the fatty food was administered. The microscopic observations showed that in catarrhal conditions, as well as in health, the fatty particles are absorbed by their inclusion within round or amœboid cells —*i. e.*, leucocytes—the difference in the diseased state being merely a quantitative one. No evidence could be obtained of any part being taken by the epithelial cells in the absorption of fat. *Lancet*, Jan. 8, 1887.

Palpation of the Shoulder as a Means of Diagnosticating the Position of the Head.—Dr. Riviére ("Nouv. arch, de gynéc. et d'obstétrique," Oct., 1886) concludes an interesing paper on this subject with the following deductions: 1. We can not have too many aids for determining the exact position in head-presentations. 2. Although the frontal protuberance may often be felt, it is sometimes out of reach. 3. If the shoulder can be palpated, in addition to the latter, the diagnosis becomes easy and certain. 4. The shoulder, when felt, gives sufficient evidence regarding the position. 5. The shoulder always occupies the same half of the pelvis as the occiput, lying on the left in first position, on the right in second. 6. When the head is engaged, the shoulder is immediately above the superior straight, lying on the left side in first positions, on the right second,

while the frontal eminence is opposite to it. When the head is movable at the brim, the frontal bone can not be felt, and then the position of the shoulder furnishes valuable information. 7. In many cases palpation of the shoulder alone enables the accoucheur to determine the exact position of the fœtus. If the occiput is anterior, the shoulder forms a broad, but not prominent, projection in the median line; in the posterior variety it is felt as a smaller but longer projection, situated from two and a half to three inches to one side of the median line.—*N. Y. Med. Jour.*

Medical Items.

Prof. Schroeder, the distinguished German gynecologist, is dead.

Dr. A. L. Loomis has been elected President of the Medical Society of the State of New York for the ensuing year.

An annex will be erected in connection with Bellevue Hospital, New York, for the purposes of abdominal surgery.

Dr. Granville Bantock has been elected President of the British Gynæcological Society for the ensuing year.

Dr. Thos. H. Crane, a well-known physician of Kent county, Maryland, died at his residence in that county on Feb. 8th, at the age of 63 years.

According to Ricker's *Almanack for Practitioners* for 1887, there are 63 women practicing as physicians in St. Petersburg, 13 in Moscow and 3 in Kharkov.

Dr. Douglass Tardy has resigned his position as Demonstrator of Anatomy in the University of Virginia, on account of ill health. Dr. L. E. Flannagan has been chosen as his successor.

An ordinance has been introduced into the Second Branch of the City Council of Baltimore appropriating $8,000 for a public morgue. It is important that this ordinance should become a law.

Attention has been called to the fact that there is danger of infection arising from the promiscuous use of the mouth-piece of the public telephone. The water-closet explanation of specific inoculation will now lose cast.

At a stated meeting of the Philadelphia Clinical Society, held Jan. 28th, 1887, the following officers were elected for the ensuing year: President, Dr. James B. Walker; Vice-President, Dr. Mary E. Allen; Second Vice-President, Dr. Susan P. Stackhouse; Treasurer, Dr. L. Brener Hall; Recording Secretary, Dr. J. G. Heilman; Corresponding Secretary, Dr. Emma Mussen; Reporting Secretary, Dr. Mary Willits; Counselors, Drs. Edward R. Stone, Edward E. Montgomery, Amy L. Barton, A. Victoria Scott, Hanna T. Croasdale.

A new medical journal will appear March 1st. It will be devoted to children's diseases and allied subjects, and will be called the *Centralblatt für Kinderheilkunde*. It will be edited by Dr. R. W. Raudnitz, of Vienna, and Dr. Henry Ashby, of Manchester, England.

Mrs. Pirie, widow of the late Professor Pirie, in conjunction with her son, Professor George Pirie, has offered to the University of Aberdeen, the interest on £500 a year, for the purpose of providing cordials, nursing, etc., for students during sickness, the gift to be in memory of her late husband. This is a new form of philanthropy which will doubtless be appreciated by those for whom it is designed.

Anderson Perry, under indictment for complicity in the murder of Emily Brown, has been tried in the Criminal Court of this city and acquitted. The only evidence against Perry was the testimony of the murderer, Ross, who claimed that Perry had instigated the crime. It was proven that Ross's evidence was totally unreliable and it was rejected by the Court. Perry has always borne a good character and those who know him well feel convinced that he had no motive in instigating the murder of Emily Brown and that his efforts to conceal the murder were prompted by most natural instincts. It was shown on the trial that he could have covered up every clue to the crime had he have been a party to it. Perry will be remembered by a number of readers of this JOURNAL. He is a kindly disposed, amiable old negro, with more heart than head. For many years he had charge of the colored ward in the University Hospital, and more recently has had charge of the anatomical rooms at the college.

At the meeting of the Trustees of the Johns Hopkins Hospital, held Feb. 8th, Mr. F. T. King, the President of the Board, stated that $112,030.39 had been expended on the property during the year 1886. The sum of $150,000 was appropriated for 1887, which sum will nearly finish the work on the hospital and grounds. There are 14 acres of land, bounded by Broadway, Monument, Wolf and Jefferson streets. The grounds, which occupy a high elevation and command a view of the entire city and harbor, are all terraced and ornamented with plants and trees, making a beautiful park. The institution will be opened to the public on October 1st, 1888, by which time it will be completed. It will then be one of the most imposing, luxurious and beautiful institutions in the world. It will have a capacity of some 300 or more beds. All expenditures for the construction and equipment of the hospital have been drawn from the income of the endowment fund, which annually yields about $150,000.

Original Articles.

ABDOMINAL SECTION FOR TRAUMATISM, WITH REPORTS OF FIVE CASES AND TABLES OF ALL RECORDED CASES.*

BY THOMAS S. K. MORTON, M.D., OF PHILA.

The term "abdominal section for traumatism" is meant to include those cases where the operator deliberately opens the belly, or greatly enlarges an existant wound for the purpose of discovering intraperitoneal wounds, and, if they are present, repairing them as far as possible, together with more or less final cleansing of the peritoneal cavity. Such cases as those in which wounds of prolapsed viscera are simply repaired, and the parts returned to the abdominal cavity, are not included. My excuse for this paper is, that I have been so fortunate as to be associated as an assistant to more than one-half of all the cases that have occurred in Philadelphia. In four of the cases I have been the assistant, and in three the care-taker also. These four cases have been treated in the Pennsylvania Hospital. I had at first expected to read merely the history of these cases, and make a few remarks, but the matter grew so interesting that I determined to make a study of the subject, and I believe that I have canvassed the literature of the world. I must express great obligations to the gentlemen who permit me to report their cases for the first time to-night and to Dr. Billings, of Washington, who had translated for me the reports of two Russian cases. I have used the libraries of the College of Physicians and Pennsylvania Hospital, and have found the *Index Medicus* of great service. I have prepared this large table, which contains a mine of information. It represents an abstract of every case which I have been able to find in the literature of the subject.

I shall, in the first place, read a few statistics derived from this table. The total number of cases is 57. Of these, 36 died, and 21 recovered; mortality, 63 per cent.

These 57 cases were done by 42 operators, viz., 23 United States operators did 35 operations, with 11 recoveries, and 24 deaths; mortality, 67 per cent.

9 English operators did 10 cases, of which 3 recovered, and 7 died; mortality 70 per cent.

2 Australian operators did 2 operations, with 2 deaths.

2 French operators did 2 operations, with 2 deaths.

2 Russian operators did 2 operations, with 2 recoveries.

1 German and 1 Swiss, each did an operation, with success.

7 operations have been done in Philadelphia by 5 operators, with 2 recoveries and 5 deaths. 5 of these have been performed at the Pennsylvania Hospital by 3 operators, with 2 recoveries, and 3 deaths.

Of the 57 tabulated cases, 38 per cent. were for pistol- or rifle-shot wounds; 35 per cent. for stabs; 17 per cent. for ruptured bladder, and 10 per cent. for ruptured intestine.

Operations were done according to years as follows: 1862, one; 1876, one; 1879, one; 1882, one; 1883, seven; 1884, five; 1885, thirteen; 1886, twenty-nine.

In every case which died after operation, lesions certain to cause death, if uninterfered with, were found. One case of penetrating wound was opened, in which no visceral injury was found; it recovered.

The first case of abdominal section for traumatism was that of Walters's of Pittsburg, for ruptured bladder, in 1862. The first successful case was the same. The first case after Walters's was that of Heath, in 1876. The first recovery after Walters's case was that of Dr. W. O. Roberts, done for stab wound, Aug. 28, 1882.

The sex was reported in 56, cases; males 52, of this number 33 died, and 19 recovered. There were 4 females, of which number 2 died, and 2, recovered. 4 were negroes, all males; 1 recovered, and 3 died.

The age was reported in 46 cases, the oldest being 58 years, and the youngest

*Read before the Philadelphia County Medical Society, January 26, 1887.

7 years. The ages ranged as follows:

1 each 7 and 8 years old; both died.

11 between 10 and 20 years; 4 recovered, and 7 died.

15 between 20 and 30 years; 5 recovered, and 10 died.

9 between 30 and 40 years; 5 recovered, and 4 died.

1 each 53 and 58 years; both died.

2 57 years; 1 recovered, and 1 died.

The indications for abdominal section for traumatism are in many cases very clear; in others, with only our present knowledge, exceedingly obscure. Taking up the consideration first of wounds, it seems to me that, with what we already know, the operation is clearly indicated in every case where penetration of the abdominal cavity is proven, and with fair surroundings it becomes one's duty to open the abdomen and search for wounds, for there are no omnipresent symptoms which invariably indicate intraperitoneal wounds, even when exten sive. With reference to the cases suitable for operation I would say that besides gunshot wounds, stabs, etc., which have already been operated upon, I conceive that in the future many other traumatic conditions will be subject to interference by section, such as rupture of the stomach, gall-bladder, spleen, or kidney, ruptured bloodvessels, various hæmatoceles, etc. Dennis, of New York, had a case in which he opened a penetrating stab wound of the abdomen. He found, besides the injuries, an intussusception evidently caused by the violent peristalsis excited by the point of the knife touching the intestine, and I therefore conceive the possibility of intussusception without wounds. In this paper, no consideration is paid to the effects of traumatism upon diseased organs, such as ulcerated stomach or bowels, or upon the pregnant uterus or its diseased appendages, or perforating typhoid ulcers.

I shall consider the subject of diagnosis as a whole, with the exception of that of ruptured bladder which I shall take up later. The diagnosis of penetrating wounds of the abdomen is occasionally very easy—occasionally very difficult. Where there is a pistol-shot wound of the anterior wall of the abdomen and a probe can be inserted, or where there is extravasation of feces, the diagnosis is easy enough. Emphysema is given as one of the best symptoms of perforation of the intestine. I regard it as a poor one. One of these cases occurring in the Pennsylvania Hospital presented marked emphysema of the abdominal walls without injury to the lung or intestine. Diminution of the liver dulness due to the escape of flatus into the abdominal cavity is another symptom, but this is fallacious. Shock is usually marked, but in some cases the patient is not at all shocked. Instances are on record where patients have walked a long distance, and yet, on opening the abdomen, wounds of the intestines have been found. One man did not even know he was shot until he had walked some distance to his home—yet he had numerous intestinal perforations. Of course, vomiting of blood and the passage of bloody stools are good signs, but they are not always reliable. The symptomatology of penetrating wounds of the abdomen is very obscure and we should like to have some light thrown upon it. Of course, a wound through the back is more difficult to diagnose than one from the front, and frequently the diagnosis can only be made by incision. Even where the ball is found lying under the skin, you cannot be sure, for it may have passed around the abdomen. The most interesting class of cases is that in which there has been a blow or injury upon the abdomen and we suspect rupture of the intestine, the spleen, liver or bloodvessels. These are most difficult to diagnosticate, and I predict in the future we shall open many abdomens in order to determine whether or not these conditions are present.

In regard to the surroundings under which one should operate. In a metropolitan hospital surrounded by every convenience, I think that the majority of cases should be operated upon. In cases where injury to the gut is known to have occurred, and in many cases where it is suspected, it is our duty to operate. In the country and in unskilled hands only those cases which are the most desperate should be operated upon, unless

they can be removed to some centre.

If the patient appears to be coming out of shock, he should be allowed to do so as far as possible. Shock from hemorrhage is, of course, the worst. Where there is extravasation, the shock will be kept up, and under such circumstances etherization and removal of the cause would be the best way to overcome it. The preparation of the patient should be by judicious treatment and thorough cleansing. I shall not to-night go into the subject of antisepsis or asepsis, although I hold positive views of their great value. Everything should, however, be surgically clean.

Where there is wound of the anterior wall of the abdomen, first prove perforation by cutting down to the peritoneum. That should be a sufficient warrant for section. In wounds of the back some judgment must be exercised. The incision should, I think, in almost every case be median. In the majority of the cases recorded in the table, and, I think, in nearly all the successful cases, the incision was median. In several instances where section has been done for a special purpose, such as removing an injured spleen, the incision has been made to one side of the median line. In one case of stab wound which I saw, the original wound was enlarged and gave rise to great difficulty in the subsequent steps of the operation. One wound was overlooked in that case, which error, I think, was largely due to the position of the incision. The length of the abdominal wound is to be governed by the circumstances of the case. It may extend from below the ensiform cartilage to the pubes. There is no harm in a long wound if it be properly treated. After opening the peritoneum, note carefully the abdominal contents. If we find feces, we are encouraged to prolong the search until the wound is found. If there is blood, we should look for the vessel injured. The search for wounds should be thorough and systematic. In most of the cases where wounds have been overlooked, it has resulted from not making a systematic examination. We should begin at the entrance of the œsophagus into the stomach, if it is possible to reach that high, go over the stomach and all the intestines, examine the mesentery, the rectum, and bladder, and look at the spleen. Unless this is done, wounds will sometimes be overlooked, and even with apparently the utmost precaution they will sometimes escape detection. Only those who have seen such cases can imagine the difficulty experienced in finding some wounds, especially when the upper part of the transverse colon and the surrounding omentum are involved. If the intestines are much distended, it may be necessary to puncture them. It is important to remember that extravasation has followed such a puncture, and they should always be closed with a Lembert suture. If the vermiform appendix or an epiploic appendage is injured, it should be excised. In wounds of the intestine, it makes a difference whether the injury is the result of a gunshot or of a stab. Gunshot wounds are more apt to slough than knife wounds, and where many wounds of the former are located close together, it has been found advisable to excise a portion of the gut including the numerous wounds. Probably a foot of the bowel may be excised without much disadvantage. Six or eight feet have been excised, but in this case the operation was followed by emaciation and death. In such a case it would probably be better to make several excisions. Perforations when found should be turned into the bowel by the suture of Lembert. Wounds of the large intestine and stomach are to be treated in the same way.

Where the ball has perforated the mesentery, the wound edges should be excised. This is the opinion of those who have done most operations. The opening is then brought together with stitches on both sides, or passing all the way through. If the omentum be badly injured, no harm will come from its excision. In a hernia case, I cut off what I supposed to be almost the whole omentum, and the man got perfectly well. Where the spleen is wounded, the only method seems to be to excise the organ. This has only been done, so far as I know, twice. Very little is known about the

treatment of injuries of the spleen. Wounds of the liver have been met with a number of times and all the case have died. Whether or not it would be practicable in these cases to stitch the liver to the abdominal wall, etc., I cannot say. Tait has done it in chronic disorders a number of times and has had favorable results. We should be encouraged to experiment in this direction. About wounds of the pancreas little is known—I doubt if they could well be reached. If the kidney is extensively wounded, its excision or complete drainage is indicated. If the ureter is divided the only remedy is excision of the corresponding kidney. If the projectile has gone through the diaphram, the same operation as in the case of the mesentery would be indicated, namely, excision of the edges and sutures. Of course, all bleeding vessels are to be tied. Wounds of the uterus and appendages have not been dealt with, but would probably require excision.

Then there is another class of wounds entering the abdomen—that is, wounds through the vagina. If we knew that it penetrated, abdominal section would be indicated. In all these cases contusions or brush burns of the omentum and intestine frequently are found In time, nearly all these will slough and give rise to pus. In several cases death has been attributed to this cause. All severe contusions involving the mesentery or omentum should be excised. When they involve the intestine, the peritoneum should be united over them with Lembert sutures. The suture materials which I have used have been silk and catgut. I think the latter is preferable if fine and chromicized.

I have here one table which gives the average time after injury when the operation was performed. This is one of the most important that we can consider. The sooner the operation is performed, the better are the chances of the patient. The cases in which the time is reported number forty five. The average time after the injury for which operation was done, was eighteen and a half hours. Deducting four cases where more than two days had elapsed, the average falls to twelve and a half hours, while a deduction of all the case where the time was over twenty-four hours, brings the figure to nine and a half hours. The average time after the injury when the operation was begun in the successful cases was seven and three-quarters hours; the average in the fatal cases was twenty-three and one-quarter hours. Deducting one case in which from unavoidable circumstances twenty hours elapsed, the average comes down to three hours.

In all cases the question of drainage will arise. It is always difficult to decide, in any given case, whether drainage should be employed or not. If there have been extravasation and numerous wounds, drainage seems to be indicated. Glass and rubber tubes have been used with apparently equal success and failure. I think that tubes of glass or other hard material are to be preferred. Where there has been extravasation of the contents of the stomach or intestine, this is usually followed by great oozing of serum.

The final steps of the operation are irrigation and cleansing. In irrigation I believe most thoroughly. It should be very large in quantity and can hardly be too much so. If the patient is shocked, there is no better treatment than pouring hot water through the abdominal cavity. It probably acts directly upon the solar plexus. I have seen this frequently used with marked benefit. The patient will be in far better condition after the use of a gallon or more of water at a temperature of 100° to 110°, than before its application. It has occurred to me in profound shock from other causes, it might be well to puncture the abdomen with some form of double canula and thus irrigate the abdominal cavity with large quantities of hot water. What shall be put in the solution used for irrigation? Several agents have been so used: Water, distilled, boracic acid solution of carbolic acid. Carbolic acid should be expunged from the list. Bichloride of mercury, when employed, should be in very dilute solution—1 to 5000 or 10,000. Boracic acid was used in two successful cases in three per cent. solution in unlimited

quantities. In four cases at the Pennsylvania Hospital the bichloride solution in the strength of 1 to 5000 and 1 to 10,000 was used and apparently without any bad effect. It was used in both of the successful cases there. Distilled water is very good and especially in cases where extravasation has not occurred. Where there has been extravasation, purulent peritonitis set up, or it is not certain that all foreign matters have been removed, I think that an antiseptic is indicated. Where we have a solution like that of boric acid, possessing fair strength with little danger of poisoning it should be used. The parietal wound is closed and dressed in the usual manner.

One question in the after-treatment would arise in cases where a drainage-tube had not been left, and would be with reference to reopening the wound and draining where a large amount of serum was present. Each individual case must be decided for itself. The onset of violent peritonitis would be an indication for reopening the belly, irrigating and draining it.

I wish now to take up a few of the classes of these cases in succession. Those which have been discussed before will not be reconsidered. Rupture of the bladder will be discussed separately. First, with reference to gunshot wounds. The total number of cases recorded is 22. Of these, 5 recovered and 17 died, a mortality of 77 per cent. Of these 22, 18 were done in the United States; 4 recovered and 14 died, a mortality of 77 per cent. The foreign cases were 4 in number, with 1 recovery and 3 deaths, a mortality of 75 per cent. The first recorded case of gunshot wound treated by abdominal section is that of Dr. Kinloch, of North Carolina, in 1881. The first recovery was the case of Kocher, of Switzerland, in 1883. The first American recovery was the case operated on by Dr. Wm. T. Bull, of New York, in 1884. These 22 cases were done by 15 operators—11 American and 4 foreign. In Philadelphia there have been 2 cases of abdominal section for gunshot wound. One was done at the Pennsylvania Hospital two days since by Dr. Thomas G. Morton. In one case of gunshot wound a wound of the intestine was overlooked, with a fatal result. McKellar, of London, reports a case of two wounds of the lower portion of the sigmoid flexure in which was impossible to introduce stitches. All that he could do was to throw a ligature around the wounds. The patient died, and fecal extravasation was found at the autopsy. It struck me that in this case rectal distention by a colpeurynter might have been of some assistance, lifting the bowel up so that stitches could be inserted, for I understand that the openings were on the anterior wall. Such cases are, however, exceedingly difficult to remedy.

I will read the notes of a case of gunshot wound of the abdomen:

Case I.—B. B., a negro, aged 36, of splendid frame and constitution, was admitted here late in the afternoon of Jan. 23. Three-quarters of an hour before admission, he had been shot by a ball fired not more than a couple of feet from him; its calibre was 32. When admitted, he was not shocked; but slight nausea and severe general abdominal pain were present. Pulse and respiration slightly accelerated; temperature 98.° A bullet wound was found an inch and a half above and half an inch to right of umbilicus. No tympany, emphysema, decrease of liver dulness, or other marked symptoms were present until just before anæsthesia was begun. He then vomited more or less altered blood copiously. Abdominal section had been decided upon by Dr. T. G. Morton over the telephone, and full preparations having been made meanwhile, the operation was commenced almost immediately upon his arrival—an hour and a half after the accident.

The man's condition at that time was very good. The belly having been made surgically clean, and penetration proved, an incision was made by Dr. Morton from two inches below the ensiform cartilage to the pubes. Instantly upon opening the peritoneum a large quantity of fluid and clotted blood, together with much flatus and partially digested food and feces, gushed forth. the peritoneum,

where not injured, looked in good condition. The cavity was first cleaned as well as possible by rapid sponging, and then searched for wounds. Three perforating wounds of the stomach first came into view. They were situated in a straight line, transverse, just above the omental attachment, and rather to the left of the centre of the organ. Two were anterior; the third posterior, and came out through the omental attachment. One other perforation of the stomach was found. This was in the lower edge of the right-hand portion, about three inches from the pylorus. All of these holes were bleeding pretty freely, and vomiting gastric contents. The posterior perforation was found only after several careful searches. Next, a linear rent of the traversed colon, just before it curves downward, was found. The tear was an inch and a half or two inches long, and through the omental attachment. All of these wounds were trimmed and sutured with Lembert sutures, of fine chromicized catgut, about an eighth of an inch apart.

The omentum was terribly torn in a number of places, and filled with very large extravasation of blood, which had become clotted. The clots were removed as thoroughly as possible, and one long rent corresponding to the colon wound was stitched by a continuous suture. A number of ecchymoses of the small intestine and mesentery were found; one of these ecchymoses of the intestine looked as if it would be likely to slough. This was turned in by uniting the serous surfaces of the bowel above it with the Lembert suture. The entire cavity was thoroughly searched, including the liver, gall-bladder, and spleen. The bullet could not be traced after leaving the stomach. The spinal and dorsal regions had been carefully examined for evidence of it there before the operation was begun.

Every portion of the abdominal cavity was then sponged and thoroughly irrigated with $HgCl_2$ solution, 1 to 10,000, and the parietal wound closed without leaving in a drain, and dressed in the usual manner of the hospital. Time from patient's being taken from bed until put back again, two hours. Time from beginning incision to putting on dressing, an hour and a half.

After the operation the patient was somewhat shocked, but in an hour had reacted well, and was perfectly rational. He remained in this condition for four hours, complaining only of slight pain in abdomen. Five hours after operation he presented all the signs of hemorrhage, and rapidly sank, breathing much interfered with, and no radial pulse. He died in another hour—six hours from the completion of the operation.

Post-mortem.—Abdominal cavity contained about a pint of faintly blood-tinged serum; intestines congested; no additional or overlooked wounds found; the repaired one in good condition and water-tight. Ball, after leaving stomach, penetrated diaphragm, and, without injuring the lung, struck the lower border of the seventh rib three inches anterior to its angle, chipping it and cutting the intercostal artery, which had bled a pint and a half into the pleural sac. The ball was found an inch and a half further along anteriorly in the same interspace.

The only point that I would add is in reference to finding the ball. As a rule, it is not found. In this case we traced it as far back as the diaphragm, and thought that it might have gone through the edge of the spleen, but examination showed no wound of the spleen. The difficulty experienced in finding wounds of the upper portion of the stomach, where the omentum is cut and ecchymosed, is almost beyond description. It is a wonder that some of the wounds were not overlooked.

The next table to which I shall refer is that of stab wounds. In all the cases, with the exception of one, the wound was produced by a knife. In that one instance, it was caused by a sharp splinter of wood. As we should expect, this table presents the most favorable showing. The total number of cases reported is 19. Of these, 12 recovered, and 7 died; a mortality of 36 per cent. These operations were done by 14 operators: 10 American and 4 foreign. The 10 American operators did 15 operations,

with 8 recoveries, and 7 deaths. The foreign operators did 4 operations, and all recovered. The first case on record is that of Kwiectuski, of Russia, April 15, 1883. The first American one is that of Dr. W. O. Roberts, operated on August 28, 1885. The first recovery was the case of Kwiectuski. The first American recovery was the case of Dr. Roberts. The credit of the first recovery properly belongs to Dr. Roberts, of the United States, for the Russian operator had a large wound already made, which he enlarged to a certain extent, and sought for the intestinal wounds. Dr. Roberts had but the small opening made by a penknife.

I shall now read the histories of two cases:

Case II.—G. W. J., aged forty, a pewerfully built man, was admitted to the Pennsylvania Hospital, September 9, 1886, at 10.30 P. M. He had been stabbed by a long and narrow butcher's knife a few minutes previously, and had lost considerable blood. Had frightful pain in right side of abdomen; scarcely any shock. Upon examination a wound three-quarters of an inch long was found about two inches above the center of Poupart's ligament on the right side; through it were prolapsed several inches of small intestine. Dr. John B. Roberts saw him in about three-quarters of an hour, and determined upon abdominal section. The operation was begun at once by making a five-inch median incision, strict antiseptic precautions being adhered to. The peritoneal cavity contained a large amount of dark fluid and clotted blood, while the intestines were almost wholly collapsed and empty. The prolapsed bowel was first reduced and then brought out through the operation wound and carefully examined, cleansed, and returned. The entire intestinal canal was thus examined, as were also the other viscera and mesentery.

This research revealed six wounds of the intestine and mesentery: namely, four wounds opening small intestine, one cut opening the colon just above the cæcum and running into the mesocolon, one transfixion of the mesentery. The wounds of the colon and mesentery were bleeding actively—the former permitted escape of bowel contents. The lesions of the small intestine were occluded by prolapsed mucous membrane. All open wounds were about one-half inch in extent, and were closed with Lembert's sutures of silk. After repairing these injuries the abdominal cavity was most thoroughly irrigated with hot 1 : 10,000 $HgCl_2$ solution, and then sponged dry. A glass drain-tube was put in as far as the rectovesical pouch, and the parietal wound closed with chromicized catgut. He reacted well, and was perfectly comfortable next day after the drain had been removed, for it caused great pain in the lower pelvic region. Previous to its removal, about six ounces of faintly blood-tinged serum came through it. No pain afterward. Its exit was stitched.

No food was given for three days, but bromide of potash, chloral, and brandy were administered in large doses, as delirium tremens was anticipated. Nutriment was begun on the fourth day, and gradually increased. Delirium then present, and on the increase. On the fifth day he seemed in a fair way to die from the great exhaustion incident to the mania. With Dr. Robert's consent I determined to give strychnia to physiological effect—regarding that drug as indicated in the profound nerve exhaustion of delirium tremens. One-thirtieth of a grain twice daily by hypodermic was started, and the quantity rapidly run up until twitching, etc., became manifest. This did not occur until he had been taking one-tenth of a grain every hour, and a half for half a day. The same dosage was kept up for thirty-six hours and then reduced to one-tenth of a grain every fourth hour for another day, as that amount kept up the full effect, since he was becoming more and more sensitive to its influence.

He was thus kept, by smaller and smaller doses, in the full pysiological effect of the drug for nine days; at the end of which time ten minims of tr. nux. vom. could not be comfortably borne, and the drug was suspended entirely.

The effect upon him of this medicament was very marked indeed, and both Dr. Roberts and myself firmly believed that it saved his life. I have since tried this treatment upon similar cases with exceedingly good result.

Beyond the above his convalescence was uneventful. The belly healed by primary union. He was walking about his room on the fifteenth day, and in the yard on the seventeenth.

Discharged on the nineteenth day.

Case III.—J. D., an Italian fruit-vender, aged thirty, was brought to the hospital at 1 A. M., December 25, 1886. He had received a stab during a broil some squares distant from the institution, and had walked all the way. Almost immediately upon receipt of the injury he vomited the contents of his stomach; not much pain was present, and that little was just around the wound, which was situated two inches to right, and three-quarters of an inch above umbilicus. *Decided emphesema was present* for a space of three inches all around the wound. Temperature, pulse, and respiration were normal. He was given a dose of morphia by hypodermic, and slept quietly until morning. There was no odor about wound, no signs of fluid in peritoneal cavity, nor diminution of liver dulness. At that time, 1 A. M., the wound, one-half an inch long, was cleansed, stitched, and sealed with benzine and collodion.

At 7 A. M., pulse, temperature, and respiration still normal, but much pain was complained of, which seemed centered about the region of the wound, and was stated to be increasing and spreading every moment. Vomited green material then.

It was decided to do abdominal section, and at 10.30 A. M. the operation was commenced by Dr. T. G. Morton.

The original wound was first proved to penetrate—the intra-abdominal opening was not more than one-quarter of an inch long. Median incision was then done from two inches above umbilicus to within one inch of pubes, and the abdominal contents searched. A small amount of fluid and clotted blood (℥ss) was found immediately beneath the stab wound. This blood was mainly entangled in the omental tissues. A rent of one layer of the omentum, about two inches long, was found in this region, also a divided and bleeding omental vessel just outside of the tear. The artery was ligated, and the tear sewn with catgut. The peritoneal opening of the stab wound was then closed by a single stitch of the same material. No other lesions could be found, as the cavity was carefully cleansed with sponges, and plentiful irrigation with warm 1:10,000 $HgCl_2$ solution, and the external wounds closed with closely placed interrupted fourteen-day catgut sutures. An antiseptic dressing and flannel bandages were applied, and morphia to mild narcotization administered. No drain was used. Strict antisepsis prevailed throughout. Time of operation, one and a half hours.

December 29th. The only annoying symptom from which he has suffered has been billious vomiting from time to time, and which still keeps up in spite of various medicaments and champagnes, of which latter he has been taking f℥j every second hour; also has been taking f℥j of peptonized milk every two or three hours since 12.27 A. M. Dressed, because of disordered dressing yesterday, and wounds found united throughout.

Bowels opened last night, and again this morning, by enema. Urine had to be drawn twice following operation. Has had no special pain.

January 11, 1887. Up to-day and walking about. All sutures are away. No dressing on wound since January 8.

January 21st. Discharged cured; walked home; twenty-eight days in hospital.

(*To be continued.*)

In a report from M. Béclard, Dean of the Paris Faculty of Medicine, it is stated that the number of medical students regularly registered for study during the official year 1885–86, was 3,696, of which 533 were foreigners. Of this last number 108 were women, the greater part being Russians.

A CASE OF LACERATED URETHRA NECESSITATING THE TAPPING OF THE BLADDER ABOVE THE PUBES.

BY T. CHALMERS PEEBLES, M.D.,
OF LUTHERVILLE, MD.

Dec. 3rd, 1886, E. Wilhelm, a teamster from Baltimore county, was unloading corn from a wagon in the city; he had one foot on the wheel and the other in the wagon, while he was lifting a bushel-basket of corn, this foot slipped and he fell straddling the sideboard, all his weight coming on the perineum and scrotum. After recovering from the shock, he finished unloading the wagon and drove twelve miles into the country. On his way home, every time he attempted to pass water nothing but blood came, and of this he thinks he must have lost at least a pint. I was called to see him about ten hours after the accident. I found him suffering very much from his distended bladder. I at once tried to pass a full-sized silver catheter, but all my efforts failed; the urethra seemed to be lacerated and filled with clots of blood; finally I succeeded in drawing off about a pint of bloody urine with a No. 3 gum catheter, but the instrument did not reach the bladder, the urine only dribbling away slowly. However, this was a great relief to the patient. I ordered a large hop poultice to the perineum and gave an anodyne.

Next day I found the swelling of the scrotum greatly increased. I explained to the patient the danger of extravasation of urine and the importance of freely lancing the parts, but he would not consent to have it done.

During the next few days, three other physicians saw the case with me and all failed to pass an instrument into the bladder, even when the patient was under chloroform, but I took the opportunity to lance the scrotum freely. After consulting with Dr. Jarret, of Towsontown, I tapped the bladder above the pubes with a trocar, and left the canula in. The patient was ordered to lie on his back and keep a plug in the canula between times of urinating. He was also directed not to entirely empty his bladder.

I felt anxious with regard to how long I could let the canula remain in the bladder. The perineum tension increased and the scrotum became the size of a cocoanut in spite of the lancing I hesitated to cut into the urethra behind the scrotum, for Sir H. Thompson says: "In reference to perineal section, or the operation without a guide, the best that can be said of it is that it is a hazardous proceeding."

I found an article in a back number of *Braithwaite's Retrospect*, by Dr. E. Cock, of Guy's Hospital, entitled "On the Means to be Adopted for Establishing a Communication Between the Bladder and the Extension of the Body When the Urethra has Become Impermeable." In this article Dr. Cock describes his operation as "tapping the urethra at the apex of the prostate, unassisted by a guide staff." After reading the above article I visited my patient prepared to operate according to its directions, but on examination I found the entire bottom of the scrotum had sloughed out leaving two-thirds of the left testicle and one third of the right exposed, the tension and hardness of perineum greatly relieved, so there was no necessity for an operation.

The canula remained in six days without causing any trouble. On the twelfth day from the accident I succeeded in passing a soft No. 2 gum catheter, without the stillette, into the bladder; it was allowed to remain in six days, and when removed it indicated by its shape that it had taken a zigzag course or double curve towards the right, and the twisted portion of the catheter was corroded more than the rest. Only a few drops of urine came through the scrotum after the separation of the slough. The wound was dressed with antiseptic cotton dipped in carbolic acid and oil. The urethra was dilated with larger instruments. On January 1st, the patient was walking out doors, and when last seen the whole scrotum, with the exception of a spot the size of half dollar-piece, had healed.

Society Reports.

TRANSACTIONS OF THE CHICAGO GYNÆCOLOGICAL SOCIETY.

REGULAR MEETING HELD DEC. 17, 1886.

ÆTIOLOGY, PATHOLOGY AND CLASSIFICATION OF SALPINGITIS.

The Secretary, Dr. Edward Warren Sawyer, read the following communication from Dr. M. Sänger, of Leipsic, in reply to a letter by Mr. Lawson Tait, read before the Society, May 28th, 1886.

Dr. Sänger's letter was translated by Dr. Ivo Bernauer, of the Cook County Hospital, and revised by Dr. Christian Fenger.

LEIPSIC, October 10th, 1886,
Lindenstrasse 16.

To DANIEL T. NELSON, M.D., President of the Chicago Gynæcological Society.

DEAR SIR: I have been personally attacked by Mr. Lawson Tait in a letter addressed to you; as I desire that my reply should go by the same way, I take the liberty of requesting you to bring my letter to the notice of your Society and to have it assigned a place in the transactions of the same. Nobody will dispute that up to the present time Mr. Lawson Tait, of all laparotomists, has had the best results, at all events in regard to ovariotomy and salpingo-oöphorectomy. His practical results have, however, raised his conceit to so high a degree that in pathological questions also he assumes a certain infallibility, which vents itself in numerous sallies and attacks upon others. The consequence is that just at present, Mr. Lawson Tait is being subjected to various energetic criticisms as by Bigelow, Schröder and others.

At the session of the Gynæcological Society of Chicago, held in February and March, the treatment of pelvic abscess by laparotomy was discussed in a highly instructive manner. Dr. Fenger in his excellent and exhaustive remarks said that "my statements regarding ætiology were the most complete," inasmuch as there must necessarily be as many forms of pelvic abscess as there are forms of disease of the Fallopian tubes. The latter were enumerated by Dr. Fenger according to the classification given by me in a paper read at the *Versammlung Deutscher Naturforscher* in Magdeburg. (See report, Archiv. f. Gynæk. Bd. XXV, pp. 126–33.) In this classfication six different forms are recognized, and it is this distinction which Lawson Tait is pleased to style "absurd." Although Dr. Fenger reiterated his statement "that he regarded my classfications as correct and complete and in accordance with the laws governing inflammatory processes in all organs of the body," yet I do not think that this defense of my position is sufficient. Considering the great influence Lawson Tait exercises upon the profession, I deem it my duty to refute him in every particular. I shall attempt to do so in a scientific manner, and I may thus hope that my reply will prove of general use and interest.

The pathological anatomy and the course of salpingitis can be understood only when we bear in mind the theories of infection. The whole sexual tract, from the ring of the hymen to the *ostium tubæ abdominale*, is open to the entrance of the external air and the germs suspended in it. Carriers of infection coming from the abdominal cavity and its contained organs may also enter at the *ostium tubæ abdominale*. Even microbes originally lodged in the external parts, in the vagina around the cervix, may, by way of lymphatics, reach the peritoneal cavity, and thence gain entrance into the tubes.

The normal vaginal and uterine secretions at the age of purberty and the menstrual blood contain numerous non-pathogenous micro-organisms. Still greater numbers are found in the catarrhal secretions of the uterus in cases of edometritis as was demonstrated by Küstner. As to the normal tubal secretion and the tubal secretion in cases of *salpingitis catarrhalis*, consequent

upon *endometritis catarrhalis*, no investigations have as yet been made to show whether or not they, likewise, contain non-pathogenous microbes. However, as the secretion of an endometritis contains microbes we may assume that if the inflammation is continued into the tubes, its secretion will here likewise contain the same. It has been clearly proven that the pathogenous micro-organisms pass from the external parts to the tubes and the peritoneal cavity, a fact which is doubted by no one, perhaps, except by Lawson Tait. These organisms have in part been accurately studied and it is well known that different kinds produce distinct forms of salpingitis, and secondarily pelveo peritonitis. The fact was already established by Gurein and Guerrier, that in making vaginal and intra-uterine injections air, and thus, also micro-organisms, might pass into the tubes (Physo-Salpinx). S. Hennig, in his book "*Krankheiten der Eileiter*," p. 52, surmises that, in cases of putrid endometritis and physometra, gases may escape from the tubes into the peritoneal cavity.

Our present knowledge of the above mentioned pathogenous micro-organisms will enable us to divide them into three groups:

GROUP 1.—FORMS OF SALPINGITIS PRODUCED BY KNOWN SPECIFIC MICROBES.

1. *Salpingitis gonorrhoica*, produced by the gonococcus of Neisser.
2. *Salpingitis tuberculosa*, produced by the *bacillus tuberculosis* of Koch.
3. *Salpingitis actinomycotica*, produced by the *actinomyces* of Bollinger.

1. *Salpingitis gonorrhoica* is the only specific, infectious form of salpingitis which is recognized as such by Lawson Tait, although he stops short of admitting that the gonococcus is the exciting agent. Without doubt the gonorrhœal is the form most frequently met with. This fact was clinically established as early as 1872 by Nöeggerath, long before Neisser had discovered his gonococci or Lawson Tait had performed his first operations "for suppuration of the uterine appendages." In Germany, I myself was one of the gynæcologists who at our meetings showed the frequency of gonorrhœal salpingitis, emphasized its causal connection with pelveo-peritonitis, and removed by operation the gravely implicated uterine adnexa. (Magdeburg, 1884, and Munich, 1886.) Gonorrhœal salpingitis is never followed by a destructive "suppuration" of the uterine appendages: it remains invariably a disease of the surfaces of the mucous and serous membranes. The pus formed by the specially diseased mucous membrane gradually distends the tube; in one class of cases in which there is a great accumulation of free pus the tube is transformed into a large sac with thin walls; in another in which the wall of the tube, especially its muscular tissue, is hypertrophied to a greater extent, the tube becomes much thickened and rigid. In most cases, both conditions are found, the uterine portion of the tube is thickened, the abdominal end dilated. The serous surfaces of the tubes, the albuginea of the ovaries, the serosa of the peritoneum are attacked or become pus secreting surfaces only in cases in which gonorrhœal pus has escaped from the tubes and thus infected the above named structures. We may then have perisalpingitis, peri-oöphoritis, peri-metritis, s. *pelveo-peritonitis purulenta gonorrhoica*. I do not believe that gonorrhœal pus ever penetrates the walls of the tubes and thus produces these diseases. But a specific gonerrhœal inflammation of the mucous membrane of the tube, with secretion of pus into cavity of the latter, is accompanied by a non-specific inflammation of the entire tubal wall. This may also excite perisalpingitis, peri-oöphoritis and so forth; the organs involved may become adherent to each other and displaced, but we never meet with a purulent exudate of the same nature as that found in the cavity of the tube itself. This also explaines why, in some instances, gonorrhœal disease of the uterine appendages is accompanied by severe and violent symptoms, frequently resembling those of a peritonitis following perforation, whereas in other instances it de-

velops insidiously, scarcely manifesting any symptoms at all. In the former cases, gonorrhœal pus escapes through the *ostium abdominale* into the peritoneal cavity; in the latter the inflammation of the external surfaces of the adnexa is non-specific in character.

According to what I have just stated, I must necessarily regard the terms, "suppuration of the uterine appendices and peri-uterine s. pelvis abscess, as inaccurate, and from a general pathological point of view, as productive of confusion; we invariably find free pus in the tubes and peritoneal cavity or an inflammation of the adnexa, but never destructive suppuration of the tissues of the pelvic organs. In cases in which abscesses are discovered in the walls of the tubes, in the tissues of the *ligamenta lata* and in the ovaries these abscesses are, as I shall later on show, due to septic infection, but not to gonorrhœa. The latter disease produces suppuration only on surfaces.

I purposely enlarged somewhat on gonorrhœal salpingitis and its consequences, as this form presents a typical example of infectious salpingitis in general.

There is one more point to which I wish to call attention. Gonococci have not always been discovered in pus coming from the tubes in cases in which clinically there existed no doubt as to the gonorrhœal nature of the infection. The conditions under which the gonococci are destroyed, or prevented from further development, have not yet been ascertained; further investigation will also have to show whether, in cases in which gonococci are absent, there are not present other microbes belonging to one of the groups mentioned further on.

2. *Salpingitis tuberculosa.*—Alfred Hegar's lately published work, "*Enstehung, Diagnose und Chirurgische Behandlung der Genitaltuberculose des Weibes,*" relieves me of the necessity of entering more fully into the consideration of this form of salpingitis. Lawson Tait denies the existence of this form, or rather, he admits it, but only "for the third and contracting stage of pyosalpinx." This admission simply discloses his ignorance of the true nature of tuberculous infection. The pus in a case of purulent salpingitis, whether it be gonorrhœal or otherwise, may of course undergo caseation. This was called tuberculization before Koch's discovery of the *bacillus tuberculosis*; now it is termed coagulation-necrosis, according to Colnheim-Weigert. It is this, which Lawson Tait confounds with the genuine infection by the bacillus of tuberculosis.

A pyosalpinx may remain in this third stage indefinitely; a tuberculous salpingitis will never result therefrom unless there be added a tuberculous infection.

3. *Salpingitis actinomycotica.*—This form is called by Lawson Tait "an equally ridiculous subdivision based on mere theory, not on fact." It seems to me before making such an unintelligible assertion it would have been his duty to inquire whether there really is no case on record to support me in including this form in my enumeration. In my paper, above mentioned, I named the author who had furnished this case; I will now accurately give my authority: Adolph Zemann, "*Über die Aktinomycose des Bauchfells und der Baucheingeweide beim Menschen, Medicin. Jarhbücher der K. K. Gesellsch, Arzte in Wein,*" 1883, S. 477, Fall 4. The tubes in this case were dilated and filled with pus and clumps of the actinomyces, their walls were thickened and exhibited numerous granulations produced by the fungus. The fungus had migrated either from the vagina or from the intestines which were found extensively adherent to the tubes. What Lawson Tait does not know, has no existence for him. "Germanica sunt, non leguntur."

(To be continued.)

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING, JANUARY 21, 1887.

The President RANDOLPH WINSLOW, M.D., in the chair.

Dr. Frank Donaldson, Jr., read a paper on

UNILATERAL PARALYSIS OF THE LEFT ADDUCTOR OF THE LARYNX, WITH A UNIQUE CASE.

Dr. A. B. Arnold has found the left adductor muscle of the larynx most frequently paralyzed in hysterical aphonia.

Dr. R. M. Hall read a paper on

AN EPIDEMIC OF DIARRHŒA ACCOMPANIED BY SEVERE CRAMPS.*

DISCUSSION.

Dr. G. H. Rohé thought the epidemic arose in consequence of a contaminated water supply. The inmates, he believed, received the supply of water from a hydrant in the yard. These old fashioned hydrants are of such a construction that they very readily get out of order and become leaky. The water that escapes accumulates around the leak and is at the same time in contact with the earth around it—so that there is, through this body of water, a direct communication between the earth which is contaminated from the sink and the water within the pipes.

Dr. R. M. Hall cannot accept this as an explanation, for in this case there was no hydrant. There was simply a spiggot attached to a water-pipe which he knew was not leaky.

Dr. A. C. Abbott was of the opinion that neither the odor arising from the sink nor the supposed contamination of the water, would account for the epidemic. As to the odor, he did not believe a *sudden* outbreak of disease likely to occur as a result of so constant a cause as a permanently bad-smelling sink. He did not think the trouble could be assigned to the water as a cause, for if the water was contaminated from such a very near source (only a few feet) it is highly probably that its impure condition would have been suspected by its odor.

Dr. W. D. Booker was of the opinion that at the seasons of the year in which the epidemic occurred (mid-summer) a diet of smoked sausage, for young children, was sufficient cause for such an outbreak. He argues with Dr. Hall, that the enfeebled constitutions of inmates of these institutions render them susceptible to diseases that would not affect healthy children.

Dr. B. B. Arnold, in speaking of susceptibilities, referred to a dinner of which eleven Germans partook. Limberger cheese was partaken of freely—seven of the participants were made alarmingly sick and five escaped with no inconvenience whatever. He can only explain the result upon the supposition that the five might be called "limberger-proof."

He thinks the same reasoning applicable to those who escaped the smoked sausages in Dr. Hall's epidemic.

TREATMENT OF ECZEMA IN CHILDREN.—Eczema in children is very successfully treated by Widerhofer with a five per cent. lanolin and bismuth salve. This is thickly spread upon linen, and bandaged upon the part morning and night. Lanolin forms but a small amount of fatty acids upon the skin, while vaseline and other fats readily produce fatty acids, which to the child's sensitive skin are very irritating.—*Allg. Wiener Med. Ztg.*, No. 32, 1886.—*Ther. Gaz.*

MITRAL STENOSIS.—The following course of treatment was laid down by Prof. Da Costa in a case of pericardial adhesions, *mitral stenosis*, with an accompanying passive congestion of the abdominal viscera:

℞. Tinct. digitalis, gtt.x.
Tinct. cannabis indicæ, gtt.iij.
Tinct. cinchonæ comp., ℥j. M.
Sig.—Ter die.

A drachm of Rochelle salts to be taken occasionally; if ineffectual, resort to massa hydrarg.—*Col. and Clin. Record.*

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† See, MARYLAND MEDICAL JOURNAL February 12, 1887.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, FEBRUARY 19, 1887.

Editorial.

RECENT DISCOVERIES AND THERAPEUTICS—We remember hearing a distinguished therapeutist say, a few years ago, that whenever pathology revealed the true cause of any disease some remedy would be found to meet it. In view of the many and all important discoveries, which have startled the profession during the last decade, the question whether therapeutics *has* met the advance of pathology becomes a very pertinent one. The science of therapeutics, if we may now call it so, has rested entirely on an empirical basis, down to quite recent times, and Lauder Brunton's logical employment of nitrite of amyl after observing the evidence of spasm of the arteries in a sphygmographic tracing from a case of angina pictoris, still stands out as a prominent illustration of rational therapeutics.

The study of micro-organisms offers such an inviting field to anyone desiring to engage in original investigation, that the domain of therapeutics has been somewhat deserted. After all, our object is to cure, scientifically if we can, empirically if we must. The wonderful revelations of the microscope concerning the etiology of disease should prove a tremendous stimulus to therapeutics. The disease-producing organism is discovered, the conditions under which it exists ascertained, and it only remains to find some agent to destroy it; such agent being subject to the two obvious conditions, first that it shall be poisonous to the disease producing germ, and second that it shall be innocuous to the human organism. It is not difficult to satisfy the first condition; many substances, we need only mention bi-chloride of mercury, are fatal to germ life when brought directly in contact with the organism, but unfortunately it, with many other germ poisons is too harmful to the human system to be used otherwise than topically and in minute quantity; and here creeps in another difficulty; if the micro-organism was always where we could apply the poison directly to it, the problem would simply be one of direct experiment. We know, however, that we are apt to draw erroneous conclusions concerning the life of the disease germ in some tissue or organ when such conclusions are based entirely upon the observed phenomena of the same germ cultivated outside the body, and therefore we should be prepared for some disappointments. On the other hand nature is always on our side in this fight; for example we know that the *bacillus malariæ*, to the discovery of which our city has contributed such an important part, can often be destroyed by good food and rest. Or to speak more exactly the malarial poison, or as we may now call it bacillus, enters the system, and if it be in small amount produces slight disturbances, and unable to overcome the *vis naturæ*, is eliminated. The weaker the general system the greater will be the hold that the bacillus obtains; now if the system is strengthened by tonics and good food it is frequently enabled to resist this poison. Before the discovery of quinine, the mortality from malarial diseases was enormous compared to what it is at the present day. Then the system had to combat the disease producing germ single handed, now we have a veritable specific. Then, too, the mortality of the pernicious malarial fevers has been much reduced by the introduction of the medicine hypodermically. We have been for long years treating malarial affections most successfully, although entirely in the dark as to their etiology, and while the discovery of their causa-

tion may not from the nature of the case change our treatment, it will at the same time throw some light upon other diseases which owe their cause to a specific organism. In malaria the disease producing germ is in the blood and the germicide is absorbed and thus brought into direct, intimate contact with it. The treatment of phthisis has of course included myriads of remedies, but the conventional treatment for many years has rested solely upon the idea of supporting the system. Here and there some thoughtful man, working on an uncertain and as we now know a false theory began an innovation. Thirty years ago Brainerd, of Chicago, made an incision into a tuberculous cavity and washed it out; then during the brief but powerful reign of carbolic acid, it was injected into the lungs. Since Koch's discovery we have hardly had time to obtain any very definite results. A number of substances have been experimented with, both by pulmonary injection and by inhalation, and the very latest method of treatment, and one for which much is claimed, which latter fact unfortunately does not carry much weight, for we have been so often presented with a specific, is the rectal injection of gas impregnated with sulphurretted hydrogen. All these experiments, far from being a matter of ridicule as is apt to be the case, especially with our aged conservative, afford evidence that we are going forward in the direction of the new light that has been shed upon this subject. We would only deplore the fact that more numerous and careful experiments are not being made by all who have the opportunity, and who has not, in the treatment of phthisis.

In syphilis we have long had the specific remedy and are but just now finding the organism which produces the disease. In typhoid fever, cholera, anthrax and a number of other affections we have the micro-organism sufficiently well determined and await the work of the therapeutist.

It is also possible for the practical physician to aid the pathologist in the discovery of the specific cause of disease. The great principle of germ causation which has been so forcibly enunciated gives us a working formula. We are acquainted with a number of agents which will destroy various morbific organisms, and it remains to enlarge our list of such agents and extend the field of their application. We should keep before our minds the probability of anyone of a large number of diseases being due to a specific organism, and at the same time the possibility of there being some substance new or old which if properly applied will destroy such organism. As such facts accumulate we will be enabled to draw certain conclusions concerning them, and thus establish experimental therapeutics upon a thoroughly scientific basis. One point of most vital importance has been established, and that is the fact that while we are not able in very many instances to destroy the morbific germ, it is clearly recognized that infection from this germ may be prevented by suitable precautions. The surgeon was the first to recognize and apply this great principle and it has produced a revolution in that branch of the profession. The physician should profit by this object lesson, and apply himself more and more to preventive medicine. We hope to see the day when epidemics are controlled, not by fire as they were in ancient times, but by the use of some powerful germicide.

Gaseous Enemata in the Treatment of Diseases of the Lungs.—Novelties in medicine will not cease to entertain the profession so long as men reach after successful results. From time to time new and apparently impracticable methods of combatting disease are brought into notice by ingenious investigators. One of the latest novelties in this respect has been suggested by M. Bergeon, of Lyons. Imbued with the idea that tuberculosis owes its existence to the bacillus, M. Bergeon began to experiment with various antiseptic agents with the view of finding an agent which would destroy the bacillus tuberculosis and would be at the same time innocuous to the system. Among the microbicides sulphuretted hydrogen gas

and carbonic acid gas rank high, but these gases injected into the general circulation act as powerful poisons. M. Bergeon, however, has demonstrated that when these gases are introduced into the rectum they are absorbed into the venous system and are rapidly and entirely eliminated by the lungs. M. Bergeon began at first to employ the sulphuretted hydrogen gas but as he found this gas not well tolerated by the rectum and intestines, he has substituted carbonic acid gas for it, which latter is well borne, is rapidly absorbed and medicamentous substances may be incorporated with it.

The following directions for the administration of the carbonic acid gas are offered by M. Bergeon.

1. "The gas should be as pure as possible, so as not to make a disagreeable impression on the intestine. That which is obtained by the reaction of dilute sulphuric acid or bicarbonate of soda is always perfectly absorbed by the intestine without causing any disorder.

2. The gas should be collected in a receptacle previously completely freed of air; and the tubes of the apparatus should be so fixed that no air can enter the bowel, as it will cause meteorism and enteralgia.

3. The injection should be made before a meal, or three hours after. The instruments should be so made that the physician may accurately gauge the amount of gas thrown into the intestine and the amount of pressure exerted on the intestinal walls.

Great care should be taken with regard to the medical substances used; turpentine, chlorine, ammonia, iodine, bromine and ether cause inflammation of the intestinal mucosa."

M. Bergeon claims that he has employed this method of gaseous enemata in cases of pulmonary phthisis with marked success. There is, he says, a simultaneous diminution in the number of tubercle bacilli and an improvement in the general condition of his patients following the employment of this method.

Whilst quite novel the method has already been tested by other observers and testimony is now being offered in its favor. It offers another illustration of the fact that many men in the profession are willing to give trial to any new drug, method or operation which is presented to their notice. All of this indicates progress. M. Bergeon's views are entitled to consideration and will no doubt be fairly tested by the profession in this country as well as in Europe.

Miscellany.

A Pathognomonic Sign of Cancer of the Stomach.—The Paris correspondent of the *Lancet* says that at a recent meeting of the Société Médicale des Hôpitaux, a patient was shown who exemplifies the condition said by German writers to be characteristic of cancer of the stomach, a condition found by M. Debove to be constant in such cases, and which he proposes as a pathognomic sign of the disease. In malignant disease of the stomach, it will be found that hydrochloric acid is always wanting, whereas it lasts constantly during digestion in every other case. In M. Debove's patient, this absence of hydrochloric acid enabled a diagnosis to be made at a period when there was no other symptom of cancer, and the disease was looked upon as dyspepsia, an opinion shared by M. Debove himself until he had ascertained the composition of the gastric juice. Since the beginning of the year the man has been under observation, and the real nature of his disease, now constituted by a characteristic tumor the size of an egg, is no longer doubtful. In reply to questions, M. Debove said that he obtained the liquid for examination by means of the œsophageal tube, and that the test used for distinguishing the acids were those recommended by the Germans. A solution of gentian violet (1 to 5,000) gives a blue coloration with HCl. "*L'orange Poirier*" in saturated solution gives a red reaction with the same acid. Lactic acid is recognized by the increased yellowing of perchloride of iron, and by change in color of a mixture of perchloride of iron and carbolic acid from amethyst-blue to yellow.

The Treatment of Chronic Diarrhœa by Sulphocarbonated Water.—Dr. De Champeaux reports in *Bull. Gén. de Thérapeutique*, November 15, 1886, two cases in patients greatly enfeebled by exposure at sea and in the tropics were fæculent, chronic diarrhœa was cured by this agent.

It was given in doses of from 20 to 60 grammes (f 3 v to xv) in milk during the twenty-four hours, and as an adjuvant to tonic and astringent drugs.

Its use must be patiently continued, and the results are obtained only after prolonged use.

Its mode of action is explained by Dujardin-Beaumetz as being disinfectant, destroying micro-organisms and neutralizing ptomaines, and thus removing the irritating causes which keep up the intestinal lesion. It may be prepared in the following formula:

Bisulphide of carbon, ʒvi½;
Water, Oi;
Essence of mint, 30 drops.

Place in a flask containing three pints. Shake thoroughly.—*Ther. Gaz.*

Note on the Treatment of Thread-worms in Children.—The complete cure of thread worms in children is often very difficult. While the ordinary methods used, such as rectal injections of salt and water, infusion of quassia, and other remedies do good foratime, yet they often fail to relieve the attendant symptoms of "worms," symptoms usually very irregular, and in some cases severe in character. In many cases, though the irritation about the anus is relieved by injections, the irregularity of the bowels and the disturbance of sleep remain the same. This is probably due to the fact that the habitat of the worms is higher up in the large intestine, where no remedy introduced by the rectum can reach them.

In many cases Dr. Sidney Martin (*Practitioner*, October 1886,) claims to have found that rhubarb in small doses brings away large numbers of worms, and at the same time regulates the bowels, so that the use of injections may in most cases be dispensed with. The formula which he has found most useful is as follows, varying slightly with the age of the child:

℞ Tincturæ rhei, iii;
Magnesii carbonatis, gr. iii;
Tincturæ Zingiberis, ♏i;
Aquam, ad ʒi.

This is to be taken twice or three times daily, according to the effect on the bowels. Whether the rhubarb acts as a vermicide, or simply by "moving the worms on," the writer is unable to say.—*Ther. Gaz.*

The Typhoid Bacillus.—MM. Widal and Chantemesse have succeeded in carrying researches on the bacillus of typhoid rather further than Gaffky, who described it. The centre clear space is not, they say, characteristic, as Artaud supposed, for it was found in other bacilli, especially those of old cultures; and it is, they believe, the beginning of the death of the microbe. Spores are produced between 37° and 38° C. It does not liquefy gelatine, and is easily cultivated on potato. Gaffky was unable to find the bacillus in the living subject, or to inoculate it. MM. Widal and Chantemesse have found it during life by making a capillary puncture of the spleen, and they have been able to inoculate both mice and guinea-pigs so as to find the bacillus in the abdominal viscera and lungs. In a case where a typhoid patient aborted in the fourth month the bacillus was found in the placenta.—*Lancet*, January 15, 1887.

Urethan.—Urethan is the subject of an interesting paper contained in *La France Médicale* (September, 14, 1886.)

The experiences of Ughi and Vaknlowsky confirm the conclusions already arrived at by Jaksch, Schmiedeberg, Huchard, Riegel, and other observers, and also correspond with the researches of Eloy in the laboratory of the Bichat Hospital as to the physiological action of the drug.

Urethan, according to these observers, preserves the respiratory functions in its full activity, but lessens the rectal and

axillary temperature. Frequently it produces mental excitement. In doses from 6 to 10 drachms (90 to 150 grains) the drug occasionally produces gastric irritation.

In that it does not depress the heart it has an advantage over chloral, but as a pure hypnotic it is not so reliable (*Ann di Chim. e di Farmacol.*, April, 1886). Vakulowsky prescribed urethan in delirium tremens, rheumatic pains, sleeplessness (cause not stated), and in gastralgia due to carcinoma. In none of these cases did he find it comparable with chloral. On the contrary, he found it to produce gastric trouble in three patients, headache, rigidity of the muscles, and finally a marked weakening of the heart impulse and frequency. These cases, says the editor (*Russkain Meditzina*, No. 14, p. 552), do not invalidate the claims of urethan, but they show the extreme variability of hypnotics.—*Ther. Gaz.*

Dangers of Administration of Ether in Nephritis.—Dr. T. A. Emmet writes to *The Medical Record* (February 12, 1887). A recent issue of your journal contains an article by Dr. Henry B. Millard—on "The Dangers of the Administration of Ether in Nephritis and Bright's Disease." As the author has made some effort to present the literature on the subject, I beg to offer an important contribution.

During the winter of 1865–66, I lost a patient from uræmic poisoning a few hours after closing a laceration of the perineum, and in a subject otherwise in perfect health apparently.

This case drew my attention to the danger attending the administration of ether with any existing disease of the kidneys. It was reported to the Obstetrical Society; other case have been given from time to time, and published in the different medical journals. Very little has been written on the subject, but I have had credit for the original investigation.

At the annual meeting of the State Medical Society, February, 1872, I read a paper on "Chronic Cystitis in the Female," which was reported in the medical journals of the city, and was afterward published at length in the *American Practitioner* for February, and in the "Transactions of the State Medical Society" for that year. I there state—"To the effects of the anæsthetic I attribute the chief danger attending operation in the advanced stage of the disease, while from the irritability of the bladder its use is indispensable. As the kidneys are barely able to perform their function sufficiently well to preserve life, the balance is easily lost in the attempt at elimination, and death from uræmia rapidly takes place.

During my service as "Surgeon in Chief" of the Woman's Hospital, it was a standing rule, which I endeavored to enforce, that in every instance the condition of the kidneys should be carefully investigated before the administration of an anæsthetic.

In the first and in the subsequent editions of my work on "The Principles and Practice of Gynæcology," this subject will be found treated of, and in the Index under the head—"Ether, danger of, in cystitis with renal disease."

Fenwick on Carcinoma of the Prostate.—The case was one of carcinoma of the right lobe of the prostate in a patient aged fifty-one. The first symptom, which was observed some weeks before death, was some difficulty of defecation. A large tumor of the prostate was found projecting into, and partially obstructing the rectum. It rapidly increased, ulcerated, and fungated. The urethra and bladder were uninvaded, but the catheter had to be used. Lumbar colotomy had to be performed on account of obstruction of the bowels, to the great relief of the patient.—*Provincial Med. Jour.*, Dec. 1, 1886.

Plugging the Posterior Nares.—Dr. James Brydon suggests the following method: Take a piece of twine of sufficient length, and fasten to the end of it a pledget of lint or rag, the size of a large pea, or a small globular button with a neck does very well. Then form a ring about a quarter of an inch in diameter, on the small end of a silver

probe or piece of wire, and bend it down. Run the twine through the ring till the pledget or button is close against it. Then pass the wire or probe along the floor of the nose; tell the patient to hawk, and spit out, and at once the pledget with the twine attached is ejected. — *British Med. Jour.*, Jan. 8, 1887.

Pulverized Spleen in Chlorosis.— The German medical papers quote some observations made by Dr. Predazzi at Prof. Maragliano's request, on the value of treating chlorotic patients with an emulsion of pulverized spleen, bitter almonds, and brandy. In the five cases in which this was adopted, rapid improvement took place both in the general condition of the patients and in the physical signs; that is to say, the number of red blood-corpuscles was increased, as also arterial tension and the body-weight. The author does not attempt any explanation of the action of this singular remedy. The quantity of "polp. splenic." given daily was about five ounces, and it was ordered at meal-times.—*Lancet*, Jan. 22, 1887.

Bone-Grafting. — At the French Congress of Surgery, M. Poncet expressed the belief that it would be possible to reconstruct a destroyed bone by means of osseous grafts. It is not after cicatrization that the grafting can be expected to succeed; it is at an anterior period, when active healing of the wound is taking place, that the grafting can be made under the most favorable conditions. M. Poncet then cited the case of a child, eleven years of age, from whom a long sequestrum of the tibia had been removed after osteomyelitis. This sequestrum measured twenty-five centimetres in length. One month after the operation the first attempt at grafting was made. The fragments were taken from a newly born infant which had just died. Antiseptic dressing was used, and the limb was kept at rest with plaster splints. Twelve days latter the dressing was changed; there was slight suppuration. New grafts, composed of four bony fragments, were then procured from a young kid. These were implanted in fleshy granulations and only one was eliminated. Six months after the operation there was a solid bony mass, thirty centimetres in length; the child became strong, and able to walk.—*Brit. Med. Journal.*

Small Ventral Hernias as a Cause of Gastric Symptoms.—In a recent number of the *Centralblatt für Chirurgie*, Lücke, of Strassburg, reports two cases in which, acting on Kussmaul's statement, made several years ago, that obstinate and distressing gastric symptoms were sometimes occasioned by hernial protrusions of small fatty masses in the neighborhood of the umbilicus, he cut down upon the lobule of fat, tied it off from the omentum, and closed the abdominal wall with sutures. In both instances the result was satisfactory. König, one of the editors of the *Centralblatt*, adds a note to the effect that for several years past he has operated on such hernias on account of their association with gastralgic and hypochondriacal symptoms, and with satisfactory results.—*N. Y. Med. Journal.*

Anti-Neuralgic Pill.—The following is the formula of Laborde:

Aconitinæ crist . . .	gr. $\frac{1}{1000}$.
Quiniæ hydrobromat. .	gr. jss.
Syrup. quinquiniæ .	q. s.

One pill may be taken every four hours, until five or six daily are taken; the frequency of the dose should be diminished as soon as the full effect is established.—*Revue de Thérapeutique*, January 1, 1887.—*Med. News.*

The Abuse of Medical Charity.— It is stated that, a few days since, a woman dressed in rags applied at the Boston City Hospital for surgical treatment for scalp wound. The customary search of her person revealed several bank-books, representing $7,000 in Boston banks, $1,000 in bonds, and about $300 in cash—all hidden among her clothing.—*N. Y. Med. Journal.*

Medical Items.

The Excise Commission, of New York City, have assigned the sum of $113,000 to be divided among the charities of that city.

A man measuring eight feet nine inches has recently been put on exhibition in London. He is said to be a foot higher than any other modern giant.

A French writer, in treating of the ear, says this organ is subject to a number of painful affections, among which may be mentioned otitis, Wagner's music, etc.—*Med. Rec.*

Professor Virchow, who has long represented one of the divisions of Berlin in the Reichstag as a Liberal, is to be opposed at the general election now approaching, by Field-Marshal Count von Moltke.

The peculiarity of malarial disease in China, according to the Hospital Report of the American Episcopal Mission, is that there is a remarkable predominance of the quartan type, and the paroxysms are most likely to come on at night or in the afternoon.

Dr. Dujardin-Beaumetz, in a report to the Prefect of Police, states that three Paris residents died from rabies, a fourth being doubtful. In 1885, there were twenty-one deaths; in 1884, five; in 1883, five; in 1882, nine; and in 1881, twenty-one.

A German inquirer has, it is said, taken four heads of hair, of equal weight, and then proceeded to count the individual hairs. One (red) was found to contain 90,000 hairs; another (black), 108,000; a third (brown), had 109,000; and the fourth (blonde), 140,000.

The United States Hay-Fever Association offer a prize of $25 for the best essay on hay-fever, its pathology, causation and treatment. The essay must be practical and non-technical. Manuscript marked with a motto should be sent to Samuel Lockwood, Freehold, N. J.

For the relief of the violent pains that in some women precede the menstrual flow, Dr. Meniere, of Paris, gives a warm-water enema, containing thirty grains of chloral and thirty grains of bromide of potassium. For young women only half of the above quantities should be prescribed.

A Prize of fifty thousand francs is offered by the French Minister of Education for a discovery rendering electricity economically applicable in the shape of heat, light, chemical action, mechanical power, transmission of messages, or treatment of disease. A committee, with M. Betrand, of the Academy of Sciences, as its chairman, will adjudicate.

A peculiar case involving a pharmaceutical question, has just been decided in France. A woman told a policeman, "You act on me like a pill." The policeman brought the woman before a police court, which acquitted her on the ground that the peculiar kind of pill had not been designated, and hence it could not be settled whether she used a term of reproach or not.—*Western Druggist.*

The annual collection in aid of the Hospital Sunday Fund recently made in Dublin, Ireland, realized over $20,000, which is nearly ten times as much as was collected for the same Fund in Baltimore, The Fund in New York City has reached over $50 000. Our city hospitals here are just as needy, but our citizens have not been educated up to the importance of giving their contributions to the sick through this channel.

The *Boston Med. and Surg. Journal* says, "through the admirable activity of Dr. H. I. Bowditch, the Boston Relief Committee have voted to appropriate $5,000 to the Medical School and the Roper Hospital of Charleston, S. C." This generous contribution from Massachusetts to South Carolina will be received with as much appreciation as its magnanimity deserves.

Post-graduate medical instruction has met with such encouragement in Edinburg, Manchester and elsewhere that the staff of Leed's General Infirmary has organized a post-graduate course in connection with that institution. The *British Medical Journal* says that what is being done in London in this way is good of its kind, but is too fragmentary and insufficiently organized. It suggests a more comprehensive scheme of advanced teaching in connection with the London hospitals.

The pay of the Assistant Surgeon in the Navy, for the first five years after his appointment, is, per annum, when at sea, $1700; when on shore duty, $1400; when on leave, or waiting orders, $1000. After five years' service, his pay becomes, at sea, $1900; on shore duty, $1600; and when waiting orders, $1200. There seems to be no good reason for the difference in pay for sea and shore duty.

The pay of the Assistant Surgeon in the Army, for the first five years after his appointment, is, per annum, $1600, and, after five years, $2200. For the first ten years of service, or thereabouts, the pay of the Army medical officer is somewhat greater than that of the Navy medical officer. But promotion is more rapid in the Navy than in the Army, owing to the fact that the Navy has more officers in the higher grades. Thus, of 180 medical officers in the Navy, there are 15 with the rank of Colonel, and 15 with rank of Lieutenant-Colonel; while, of 192 medical officers in the Army, there are 5 Colonels and 10 Lieutenant Colonels. The result of this is that while in the Army it requires about twenty years' service to reach the rank of Major and full Surgeon, in the Navy it requires a little less than fifteen years to attain this grade. Taking it altogether, there is very little difference in the pecuniary emoluments of the two services.—*Med. News.*

Original Articles.

ABDOMINAL SECTION FOR TRAUMATISM, WITH REPORTS OF FIVE CASES AND TABLES OF ALL RECORDED CASES.*†

BY THOMAS S. K. MORTON, M.D., OF PHILA.

(*Continued from last issue.*)

The next table to which I shall refer is that of ruptured bladder, which has been to me, perhaps, the most interesting of the series. The total number of cases reported is 10, with 4 recoveries and 6 deaths, a mortality of 60 per cent. There were 9 operators—3 American and 7 foreign. The American operators performed 3 operations, with 1 recovery and 2 deaths. The foreign operators performed 7 operations, with 3 recoveries and 4 deaths. The first recorded case of abdominal section for ruptured bladder is that of Walters, of Pittsburg, in 1862. This case was also the first recovery. In Walter's case he diagnosed rupture of the bladder, with infiltration of the peritoneum with blood and urine. He opened the abdomen, cleaned it out, and put in a drainage tube, but did not sew the bladder wound. The second case was that of Alfred Willits, of London, operated on June 12, 1876. This case died. The second American case was that of Dr. Bull, operated on October 27, 1884. This case also died. Two recoveries have recently been reported by MacCormac. Philadelphia has had one case which was operated on by Dr. Joseph M. Fox, August 19, 1886, with fatal issue. I will read the report of this case:

Case IV.—E. M., a man aged thirty-eight, at one A. M. on August 16, 1886, walked out a second-story window. Two and a half hours afterward he was admitted to the Pennsylvania Hospital. He had been drinking much the previous evening, and the bladder was distended at the time of accident. Upon examination, the resident surgeon, Dr. Alexander McAllister, found that the neck of one femur was fractured, and that he had marked symptoms of ruptured bladder, namely, great pain over bladder and lower abdominal region; intense desire, but no power, to micturate; bloody urine by catheter. He was much shocked, but recovered by nine A. M., when he was in good condition. Dr Fox at that time saw him, confirmed the diagnosis, and determined to operate, but through the intervention of circumstances beyond his control was prevented from so doing until evening, when the operation was performed.

Strict antisepsis prevailed. A four-inch median incision was made over the bladder. Ten ounces of blood and urine were found in the peritoneal cavity. Intestines congested, and in places looked almost gangrenous. A two and a half inch triangular opening was found in the anterior portion of the fundus. The viscus was held up by two long sutures passed through the sides of the rent, and the wound was then sewed with closely placed Lembert sutures of catgut; fifteen were introduced. It did not leak when distended with 1:1000 $HgCl_2$ solution. The abdominal cavity was then thoroughly washed with 1:5000 solution, and the parietal wound closed, leaving in a bone drain-tube down to the bladder; but, of course, not entering that organ. A rubber catheter was left in the urethra. He died in forty-two hours.

Post-mortem examination showed localized peritonitis about wounds. Wound of bladder water-tight. Blood clots in pelvic basin.

Now a few details with reference to ruptured bladder. The symptoms of ruptured bladder are more definite than those of most other cases. The condition of the bladder at the time when the injury is received is of some importance, but cannot always be ascertained. Shock is usually present, as in other cases. Pain in the hypogastrium, fruitless efforts at micturition, vomiting, hiccough, distention of the abdomen with fluid, the withdrawal of blood or bloody

*Read before the Philadelphia County Medical Society, January 26, 1887.

†Owing to the great length of the author's tables we are compelled to omit their publication.

urine by the catheter, are all good indications. If there is no urine in the bladder, or none comes in, it is a fair sign. The catheter can sometimes be introduced to a great length, and occasionally the rent in the bladder wall may by this means be detected. The withdrawal of an enormous quantity of fluid is another indication. If warm water is injected, it may be felt by the patient in the loins and other locations. With the catheter in the bladder, the liquid sometimes ebbs up and down with the movements of respiration. Recently Dr. Weir, of New York, has suggested a test for ruptured bladder, which consists in injecting a certain amount of fluid and percussing over the region of the bladder. If a definite outline of percussion dulness is noted, it is a fair inference that the bladder is not ruptured.

It is important to determine whether the rupture is extra- or intra-peritoneal. Stephen Smith has shown, in a collection of 65 cases, that the peritoneum is injured in 80 per cent. of the cases. Max Bartles found, in an examination of 166 cases, that the rent was intraperitoneal in 98, and extraperitoneal in 54. In 84 cases of intraperitoneal rupture the rent was situated at the fundus in 40 cases; in front, near the fundus, in 9; posteriorly in 33; and at the side in 2 cases. In 50 cases of extraperitoneal rupture, the rent was at the neck in 19, anterior in 23, posterior in 2, and at the side in 6. In 15 of these cases there was fracture of the pelvis. In these cases, as a rule, the urine found in the peritoneum is healthy, and not decomposing. An interesting paper has been published by a Russian, giving the toxic effects of urine which has escaped into he peritoneal cavity.

The method of operating is an interesting one. Having determined upon interference by section whether the diagnosis has been made positive or not, a median incision should be made and enlarged to suit the convenience of the operator. The incision may at first be made down to the bladder, as for a suprapubic lithotomy. If there is a wound in front, you may feel if it enters the peritoneal cavity; but even this is fallacious. Having found the wound in the bladder, the first thing is to clean the peritoneal cavity. Next, it is necessary to get the bladder into a position to suture it. This has been, until recently, found one of the most difficult steps of the operation. To obviate this, distention of the rectum with a copeurynter has been practised. More recently, as in the case of Fox, sutures have been introduced on either side, and may be combined with the use of the colpeurynter. MacCormac, who found considerable difficulty in bringing up the bladder, made a lateral incision on each side through the peritoneum. This liberated the bladder immensely. These peritoneal wounds he stitched together in the usual way, but it appears to me that this might be improved upon by introducing the stitches as Dr. Emmet does when sewing up his relaxation incisions of the vagina or elsewhere—that is, by uniting the wound by stitches passed in its longitudinal diameter. It has been found that the cases in which the sutures penetrate all the coats of the bladder invariably terminate fatally. This must be borne in mind, and the sutures passed through only the serous and muscular coats. The bladder wound is to be brought together with Lembert sutures of silk or catgut.

The after-treatment brings up the question of the drainage, which has been discussed. A catheter should be left in the bladder. Another important thing is to prove that the stitches effectually control the opening in the bladder. This is done by injecting some solution —better a weak antiseptic solution— into the bladder. If there is any leakage, additional sutures should be introduced; or the first row of stitches, by a second set, turned in.

The last division of the paper relates to rupture of the intestine. The total number of cases reported is five, of which number none recovered. One operation was performed in America and 4 abroad—two in Australia, one in France, and one in England. The first recorded case is that of F. H. Girdlestone, of Australia, February 14, 1883,

The only American case recorded is that of Dr. E. A. Wagner, on August 2, 1886. One case fell, and pressed a truss down upon a descended hernia; one was thrown from a horse; two were kicked in the abdomen; and one crushed by a horse. In five cases the small intestine was ruptured, and in one the colon was the part involved. I have the notes of one case of ruptured intestine which occurred in my father's wards in the Pennsylvania Hospital. I wish, in conclusion, to relate it, although it was not an operative case.

Case V.—B. R., aged fifty-seven, was brought to the Pennsylvania Hospital, a distance of ten miles, on a bitter cold night, sitting in an upright position. Upon his arrival he was in a state of collapse, from exposure, cold, pain, and weakness. He stated that he had long been subject to a hernia (indirect inguinal) of the right side; that he habitually wore a truss that did not keep it reduced properly; and that while it was down, about thirty hours before admission, he had been violently kicked in that groin. He experienced some pain and nausea at the time, and both steadily increased up the time of his admission. His bowels had not been moved.

Upon admission his condition was as above; no vomiting or belly pain. A large swelling was present along the proper position of an indirect inguinal hernia. In this lump he had severe pain. All endeavors were directed to bring him out of his shocked condition.

Dec. 3, 1886. Late last night he had reacted sufficiently to receive an anæsthetic, which was administered, and a thorough examination of the affected region made. No hernia was present; simply a mass of inflammatory exudation. Considerable emesis and some recurrence of shock followed. This morning his condition seemed fair. He stated that he had none or very little pain; took liquid nourishment; and had his bowels freely moved by enema; *no abdominal symptoms whatever.*

In the afternoon he vomited several times material with a suspicion of fecal odor about it, and during the night became very markedly so. It now became evident that he was suffering from one of three conditions, namely, either a ruptured gut, reduced though still strangulated hernia, or an intussusception.

4th. The first thing this morning preparations were made for opening the scrotum, and, if necessary, the abdomen, but the anæsthetic so depressed him, and his condition within the last few hours had become so bad, that the operation had to be abandoned. He died in the course of a couple of hours.

Post-mortem. — Upon incising the scrotum a quantity of fecal material was found; no hernia was present, but the internal ring was patulous. The peritoneum was found in a state of general peritoneal inflammation, and a great quantity of fecal fluid material was present in the pelvic basin. A loop of small intestine, having an inflammatory ring about its neck, was found in a state of almost gangrene, from congestion and inflammation; while the loop was torn for an inch in extent in two places; the communication of the loop at both ends with the normal bowel was present, though the opening was small. Post-mortem examination otherwise negative.

Hospital Reports.

THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL OF BALTIMORE CITY.

Annual Report for 1886.

BY JULIAN J. CHISOLM, M.D., SURGEON IN CHARGE.

The Hospital work for the year 1886 has been continued without any interuption. 6125 individuals have received treatment, with an attendance of 26,231 persons, an average of 83 patients for each working day of the year. Of these 5423 were white and 702 were colored.

4,462 were affected with eye diseases.
846 had ear affections.
817 suffered with throat troubles.

Upon these 1,272 operations have been performed for the relief of eye, ear or throat diseases.

The Presbyterian Eye, Ear and Throat Charity Hospital is far reaching in its good work because it gives succor to poor blind applicants, regardless of the State from which they come. Pennsylvania, the Virginias, the Carolinas as well as Maryland are the fields from which the largest number of patients are drawn. Physicians in these various States are beginning to learn that any of their poor patients needing the special treatment of this Hospital are welcome to its wards, and receive every care. Every year adds to the number treated and also to the experience of the medical staff, which permits of the more skilled treatment and an increase in the percentage of successes. The patients represent all ages and conditions of life. The youngest patient was four days old, attacked with an acute inflammation which threatened to destroy sight. The oldest patient was 109 years of age with sight impaired by cataract formation.

The surgery of the Hospital is very large. During the year 1886, 1,272 operations were performed. During the nine years since the opening of this Hospital the operations number 7,298 and the attendance 207,843 persons, the population of an immense city. Among the operations for the past year were many of unusual interest. 48 painful and destroyed eyes have been extirpated for disease or accident. Among them was the cancerous eye of an infant only two months old, the first born of a young married couple. The disease had started before the little girl was born. Fortunately when the child was brought to the Hospital the disease was still confined within the eye ball, so that the removal of the eye with the concerous tumor enclosed, eradicated the horrible disease and saved the life of the infant; an escape from terrible suffering and sure death. The next youngest case of cancer of the eye-ball was in a little girl 2½ years of age. It was also removed successfully to the saving of life. The oldest cancer case was 82 years of age. 73 iridectomies were made for glaucoma and occlusion of the pupil. 180 foreign bodies were extracted from the cornea. 176 operations were made on the eye lids. 97 cross eyes were straightened. 124 oporations were performed for the cure of tear drop.

During the year 127 cataract patients were operated upon, making for the nine years 673 cataract operations performed at this Hospital; the youngest child operated upon during the year 1886 was under one year of age and the oldest person 92 years old.

From this Hospital as a centre valuable suggestions have been sent out for the benefit of suffering humanity. The gratitude of blind unknown people from distant shores comes back to the Hospital for the good done to them individually.

In May, 1886, eight months since, a series of experiments were commenced at this Hospital, having for their object the doing away with much of the restraint deemed heretofore needful for the successful treatment of cataract patients. At that time in all parts of the world, there was a uniform method of treatment at the hands of all eye surgeons. Immediately after an operation every cataract patient had both eyes bandaged with heavy compresses so as to exclude all light. They were then put in dark rooms confined to bed, lying on their backs, with instructions to keep very quiet. They were restricted in their diet, and food was given to them while lying down. This treatment was usually rigidly enforced for ten days, at which time the bandages were removed. The patients were then allowed to set up with eye shielded by dark smoked glasses, and day by day a little more light was admitted into the chamber. The revolutionary treatment which was instituted at this Hospital, consists in substituting a strip of the thinest isinglass plaster for the thick bandages and compresses, so that night from day could be easily detected through the diaphinous dressings. Light sufficient to permit of reading to patient was admitted into the chambers. Patients were not

confined to bed, but were permitted to dress daily and eat their usual meals, in this way removing all restraint as to their diet. The pieces of retaining isinglass plaster were removed from the eye on the fifth day instead of removing the thick dressings on the tenth day as of old. So rapid was the convalescence under this new and rational mode of treatment that the patients could bear comfortably sunlight before two weeks had expired, and that without the wearing of smoked glasses. Here was a revolution indeed. A discovery that the very sensitiveness of the eyes injected and weeping, always found when the thick bandages were removed, and which had been a natural part of the convalescence, was due largely to the exclusion and restraining treatment in universal use, and not to the surgical operation.

The experiences at this Hospital were published in a medical journal, and so important was it considered that it was copied from one to another till it went the rounds of the medical press abroad as well at home. Now compresses, bandages, dark rooms and restraint are giving way to simple dressings, light rooms and non-restraining treatment. To most persons, the dungeon like darkness of the thick bandage, kept up for at least 200 long and dreary hours, is more terrifying than the operation itself. Now with cocaine the operation for cataract is painless, and a very few days of simple treatment restores the blind to sight.

It is not surprising that this new rational simple treatment starting out from our Presbyterian Hospital should have revolutionized the after treatment of cataract patients. A leading ophthalmic surgeon of England, in a recent article in the *London Lancet*, the leading medical journal of the world, writes, "My present experience with this new method of treating cataract patients permits me to endorse Chisolm's words." The revolution in the after treatment of cataract patients in this Hospital is complete. From this time hence all bandages, compresses and dark rooms will be among the things of the past to be remembered only for the discomfort they occasioned. Even from distant places comes the statement that the new method of treating cataract patients in the Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore has been adopted to the exclusion of all previous methods. The good work done by our Charity Hospital is evidently not restricted to Baltimore or even the surrounding States. It is far reaching, extending to very distant countries and to people who speak in unknown tongues their gratitude for release from one careful and at all times very annoying treatment, now proved to have been always injurious.

Society Reports.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

REGULAR MEETING, HELD FEB. 8, 1887.

First Vice-President, P. C. Williams, M.D., in the chair. Wm. E. Moseley, M.D., Secretary.

Dr. L. E. Neale exhibited a very interesting case of

FŒTAL MONSTROSITY,

alive and nearly one month old, which he thought was probably caused by maternal impressions received during the second month of pregnancy. The case occurred in the out-door obstetric department of the University of Maryland, over which Dr. Neale has charge.

History:—Sarah Jefferson, mulatto, æt. 26 years, married, V para. A well developed, evenly proportioned, rather, fair looking, perfectly healthy and normal woman. She was married at the age of 17 years, has always been healthy, has borne perfectly healthy children and no physical abnormality can be found in her husband.

Her last menstruation was in June (latter part?) 1886. During the following August she visited Druid Hill Park and was very much interested with the sea lions, then on exhibition in their aquatic home in that public resort. Nothing unusual occurred during her

gestation which terminated in labor Jan. 16th, 1887.

She was attended by Mr. W. P. Malone, medical student at the University of Maryland, through whose kindness I am supplied with the case and history, for which I am happy to make public acknowledgement. The labor was normal (L. O. I. A.) save that the placenta was retained and required the internal introduction of the hand for its removal. Puerperium normal. A rather small, punny male child was born alive, its size being about that of an ordinary eight months' fœtus, with the following peculiarities of development. All parts of the body are perfectly natural, except the two upper extremities.

The left arm is represented by a normal humerus and surrounding soft parts. The forearm is aborted in its development, the radius and ulna being indistinct, the elbow joint ankylosed, and the hand terminating in two fingers webbed together with nails complete and thumb freely movable.

The arm is bent backwards, hand somewhat flexed and pronated (rotation at imperfectly formed wrist joint) with thumb downward somewhat like the flap of a seal.

On the right side, both arm and forearm are wanting. An aborted hand composed of an irregular finger with no nail and thumb with nail springs directly from the shoulder joint which is movable. This extremity in appearance and motion closely resembles the foreflap of a seal. The child is otherwise natural and is thriving fairly well.

I shall not trespass upon the time of the Society by entering into a study of this subject, but will content myself at present by merely quoting a few explanatory remarks from the very recently published II vol. of Tarnier's Praité de l' ar des Accouchments, 1886, p. 419–20.

The Unitarian monsters or Autosites constitute the first order in the classification of Geoffroy Saint-Hilaire. This order comprises:

1. Deviations existing in the extremities.

2. Deviations existing in the trunk.

3. Deviations existing in the cranium.

4. Deviations existing in the face.

Each genus comprises several families and each family several species.

1. *Ectromeles.* According to Dareste it appears that the cause of arrest of development of the limbs should be sought for in certain viscious disposition of the amnion, which in pressing upon the limbs impairs their development (?) According to the variety of the defect of development Ectromeli are sub-divided into three classes of monsters.

A. *Phocomeles.* Here the want of development is confined to the two segments of the extremity, the terminals, viz.: hands or feet having acquired their normal dimensions. Centrifugal defect.

B. *Hemimeles.* Here it appears as if the arrest of development proceeded inversely to the above (A.) viz.: from the periphery towards the trunk or as centripetal defect. The hands or feet as well as forearms and legs remain rudimentary while the thighs and arms attain normal dimensions.

C. *Ectromeles:* where the arrest of development affects all the segments of the limb which is represented by a small stump in which may be recognized with difficulty the several segments.

Strictly speaking I do not think that my case comes under any one or two of these types, hence I will leave its classification and nomenclature an open question.

Dr. P. C. Williams reported a case of

PLACENTA PRÆVIA.

Late in the afternoon of June 16, 1886, Dr. M. called at my house and requested me to go with him to see his wife who was about to be confined with her first child.

I went at once and found Dr. E. R. Walker awaiting our arrival.

From these gentlemen I ascertained that Mrs. M. was 36 years of age, had been married about two years, and although not robust she had enjoyed reasonably good health. At times she suffered from neuralgia and other slight malarious symptoms incident to her resi-

dence upon the Eastern Shore of Maryland. With this exception her health continued good until about the sixth month of her pregnancy when she had occasional attacks of very severe headache accompanied with dimness of vision. Her urine was normal.

About the close of the seventh month she had a uterine hæmorrhage. Examination revealed a long, narrow rigid vagina, that rendered it difficult to reach the os uteri. The os was undilated and the cervix still projecting into the vagina. Finding no signs of beginning labor—and no history of injury; and no reasonable explanation of the hæmorrhage, the doctors were naturally led to suspect the existence of placenta previa.

From this time Mrs. M. was confined to the house, and spent the greater part of her time either on the lounge or in bed, and was under the constant supervision of her husband or Dr. Walker.

About two weeks later another hæmorrhage supervened, but not sufficiently severe to excite serious apprehension, or seriously to impair Mrs. M.'s strength. A week later moderate bleeding again ommenced, but still there were no indications of commencing labor.

Vaginal examination showed that the os was still closed, but the cervix had disappeared. A few days later slight uterine pains were experienced, and there was continuous, moderate oozing of blood, which was increased by any movement made by Mrs. M.

At this period I was called in. I found the vagina unusually long, narrow and rigid, the os uteri had dilated so slightly that I had some difficulty in passing my finger into the cervix.

I thought after careful examination that I could feel the placenta covering the os, and was fully satisfied that we had to deal with a placenta prævia. The parts were all so rigid and unyielding, and the os so slightly dilated that I felt that active interference was improper. I accordingly advised the tampon, thinking that it would not only restrain the bleeding, but would soften the uterus and vagina and render it possible to do something towards the delivery of the child

About 3 o'clock the following morning (January 17) I was sent for. I found that decided labor pains had set in. I removed the tampon, and found that it had done good service. There had been no hæmorrhage, the vagina was still firm, but not so unyielding as before, the os uteri had softened and was dilatable. I could now cleary define an almost central placenta prævia firmly attached to the left side of the os—on the right side of the os I found that the placenta could easily be separated and that with some difficulty I could pass the edge of the placenta and reach the uterine cavity.

The time for speedy termination of the labor had come. How should it be done? With the forceps? Or by version? The vagina being so long, narrow and rigid as I have described, I felt that version would be extremely difficult if not impossible. Therefore I rejected that method, and determined to try the forceps. By careful manipulation I succeeded in adjusting the forceps in utero without the loss of much time, and without producing much hæmorrhage. I immediately made strong traction and brought the head fairly down against the placenta, and to my great relief found that it effectually stopped the bleeding. From this point to the extraction of the child there was almost no loss of blood. Not a teaspoonful was lost during the remainder of the labor. Chloroform was administered, and its moderate influence maintained until the completion of the labor, which was rendered very tedious by the extreme narrowness of the vagina. After exhausting and strenuous effort extending through two to two and a half hours I succeeded in delivering a large well-developed but dead child.

Before the extraction of the child, in order to guard against uterine relaxation or post-partum hæmorrhage, I administered a large hypodermic dose of ergot, which produced and maintained firm contraction of the uterus. There was no difficulty in the delivery of the placenta. In a short time Mrs. M. aroused fully from the chloroform, her color returned, her circulation seemed good, and she conversed clearly and intelligently. After giving her a cup of hot coffee and talking

awhile with her, I left her congratulating myself on the safe termination of so critical a case.

After breakfast I went to enquire about my patient, and to my great surprise and sorrow I found that she had died suddenly about an hour before my arrival.

Upon enquiry I ascertained that everything progressed favorably for about two hours after I left her, when she was suddenly attacked with intense dyspnœa and restlessness and died in an hour thereafter.

What was the cause of her death?

There was no post-partum hæmorrhage. She was permitted to raise herself upon her pillow, and to turn upon her side.

Could this slight effort have produced syncope, and could that syncope have caused a clot to form in her heart?

Or is it possible for a heart clot to form without a preceeding syncope?

DISCUSSION.

Dr. H. M. Wilson thought that probably both the hæmorrhage and chloroform contributed toward the fatal result in the case reported. He had lost one case from placenta prævia and considered that his patient died from blood-clot. Dr. Wilson had never experienced any trouble from the use of chloroform during labor but did not feel perfectly satisfied as to how thoroughly we are justified in using it instead of ether which is so generally considered safer.

Dr. W. E. Moseley considered that, so far as regarded the cause of death, the history of the case as reported pointed very directly to concealed hæmorrhage.

Dr. B. B. Browne thought the intense dyspnœa, pain and uneasiness about the chest were nearer the symptoms of heart-clot than of concealed hæmorrhage.

Dr. L. E. Neale thought it of far greater practical importance to consider the treatment of placenta prævia rather than to speculate upon the cause of death in the individual case reported. Placenta prævia is recorded as having a maternal mortality of 24 to 40 per cent. while two-thirds of the children are lost before full term and one-half of those born viable die during the first ten days.

This fearful death rate clearly indicates (1) the necessity of a diagnosis *as early as possible* in order to (2) apply the proper treatment. And in as much as the woman is never safe until the womb is thoroughly empty, we should disregard the life of the child to save the mother, and hence he questioned the advisability of allowing such cases to go to full term.

Of course there were special conditions attending special cases that must be met by special modes of treatment, but of all methods thus far proposed. unquestionably delivery by Braxton Hicks' bimanual version, *whereever practicable* (and there are many case where it is impracticable) had given the best results.

In the *American Journal of Obstetrics*, December, 1884, Lomer reports the following statistics of cases of placenta prævia treated by bimanual version.

	No. of Cases.	Deaths.
Hofmeier	37	1
Behm	40	0
Lomer	101	7
	178	8

Giving a maternal mortality of 45 cent. The following table, "*which places the statistics in the most unfavorable light possible, includes every single case, even such as had been treated according to other methods, previous to the employment of the bimanual method of turning.*"

	No. of Cases.	Deaths.
Hofmeier	47	4
Behm	53	4
Lomer	136	13
TOTAL.	236	21

Mortality about 10 per cent. Dr. N. did not consider it the proper time or place to describe the details of this very simple and easy operation, but in as much as it required a dilatation of the cervix uteri only sufficient to admit one, preferably two fingers, it offered the

advantage of being applicable early in the treatment of these cases.

Having once turned the child and seized a foot, our active manœuvres cease and delivery may be effected spontaneously or by manual extraction according to the requirements of the case. "The practical results of the induction of premature labor plead still more effectively in its behalf. Thus, Dr. Gaillard Thomas reports eleven cases with but two deaths, one resulting from *post-partum* hæmorrhage coming on several hours after delivery, and one from puerperal fever. Hecker lost three cases in forty, Hoffmann two cases in thirty, and Spiegelberg four cases in seventy-four early deliveries. More recently Murphy has reported fifteen cases without a single death." (Lusk edition 1885, p. 594-5.) The tampon is applicable only in those cases where we have a long narrow, firm, undilated, and undilatable cervix and then only as a temporary measure to be watched carefully and allowed to remain at most but four hours.

Given a case of supposed placenta prævia; (1.) a positive diagnosis should be made *as early as possible*; (2.) if labor has not set in spontaneously, induce it artificially; (3.) deliver by bimanual version whenever practicable.

Dr. W. P. Chunn had seen two cases of placenta prævia, one of which was delivered by Dr. Neale. He thought in most cases the line of treatment spoken of by Dr. Neale was good, but there were exceptions. In long, narrow vaginas, such as Dr. Williams had to deal with, manipulation is very difficult, and the use of forceps might be preferable to turning. He considered the use of the tampon good, and thought, as suggested by a friend of his, that a large bathing sponge would make a good tampon in case of emergency. The manner of applying a tampon he thought important. If possible the woman should be in Sims' position, and the peritoneum retracted by his instrument. One unaccustomed to these manipulations would be surprised to find how much material a vagina fully distended would hold.

Dr. Browne considered that it would not be justifiable to use the means for making an early positive diagnosis in such a case as reported by Dr. Williams, where the cervix was long and conical and the os undilated. The only means for making a positive diagnosis, dilatation, would be very certain to bring on premature labor. He did not think we were called upon to make a positive diagnosis when but a light hæmorrhage had taken place, but only when repeated hæmorrhages had occurred and the patient's life was threatened. In some cases repeated hæmorrhages even may take place and still there be no placenta prævia and the patient go on to full term.

If the indications were sufficient to call for a positive diagnosis in such a case as the one related where the cervix was long and conical, and the os undilated, he would prefer to make a sufficient amount of dilatation with a dilator to admit of the introduction of a Barnes' bag into the cervical canal, if a sufficient amount of dilatation to admit the bag could not be procured he would prefer to insert a tupelo or antiseptic sponge tent (covered with gold-beater's skin) and tampon behind this, and remove the tent at the end of 4 or 6 hours and introduce the Barnes' bag. The use of the tampon in this manner would not only check the hæmorrhage, but soften down and produce more rapid dilatation of the cervix.

Dr. T. A. Ashby said no strict rules should be established in the treatment of placenta prævia. Each case should be treated on its individual merits, and such methods should be adopted as gave promise of the best results in the case under observation. He believed in the expectant plan of treatment until positive indications for interference were clearly presented. He fully coincided with the opinion expressed by Dr. Neale in regard to the great value of the method of Braxton Hicks, and, in those cases in which premature delivery was indicated, he believed this method gave the best results.

Dr. Williams has asked for an explanation of the cause of death in the

case related by him. Dr. Ashby had no arbitrary opinion to express, but he believed that the loss of blood offered a satisfactory solution of the problem. He had reported to the Society some months ago a case of death following labor in a patient who had organic heart disease. The amount of blood lost was not sufficient in itself to have caused death but it so disturbed the action of the heart that this organ failed to perform its duty, and death from apnœa resulted. The symptoms described by Dr. Williams resembled in many of their features those observed in this case, so that he was induced to associate the fatal result in Dr. William's case in respect to its causation, with a disturbance of the heart's action dependent upon hæmorrhage. If death did not occur from loss of blood in this case the only two conditions which could explain the result were either a heart clot or cerebral embolism.

Dr. Williams, in reply to a question by Dr. Ashby, said that before the administration of the chloroform he had examined the patient's heart and found it healthy.

He did not have any opportunity to make a positive diagnosis, as he did not see the patient until about the time that labor set in. When he first saw her he did not consider that she was in a dangerous condition, but with the history of previous hæmorrhages he thought it would be safer to tampon and so protect her against any possible further loss of blood. He was sent for again in five hours and as the pains had increased he removed the tampon. The os was only slightly open but was *dilatable*, and on introducing two fingers he was able to feel the edge of the placenta and could pass his fingers beyond it into the cavity of the uterus.

As he had said in his paper, he rejected verson owing to the depth and narrowness of the vagina. On applying the forceps and drawing the head down the hæmorrhage was completely controlled, and after this, practically, no blood was lost. When he left the patient after the delivery of the fœtus, the uterus was firmly contracted. He thought it possible that even the slight effort made by the patient in rising to drink might have caused syncope with the formation of blood clots which he considered the cause of death. The condition of the patient was not such as he would expect to find in a case of hæmorrhage.

He had never met with but two cases of placenta prævia and both of these were in the practice of other gentlemen and he congratulated himself upon this exemption.

Dr. G. W. Miltenberger thought that Dr. Neale could have made his point, which was a good one, still stronger from the same statistics, which he had quoted from Lomer.

The doctor had given the general result for Hofmeier, Behm and Lomer, which included all the cases operated upon by Braxton Hick's method.

In this number were compiled cases treated by several assistants. Some of the women had come in moribund, some were very anæmic, some had had other operative measures resorted to previous to admission. In this mortality were included, all cases dying after delivery from septicemia.

The mortality here 21 to 236, about 10 per cent., vies with the exceptional mortality of so skilled an obstetrician as Behm of 6 in 64, about 10 per cent. When we take their cases treated by bipolar version alone, we find much better results.

	No. of Cases.	Deaths.
Hofmeier	37	1
Behm	40	9
Lomer	101	7
	178	8

4.3 per cent.

And even here Lomer's cases were treated by himself and assistants who were just learning. If we take those treated by Lomer himself, 16 without a death, we have the unprecedented result of the three, or 93 cases with one death.

This is truly startling and there is nothing in this generation which can compare with it.

They do not advise that other means should all be abandoned, for in case of head presentation with marginal pla-

centa, if pains are stong and hemorrhage slight, head having entered the pelvis, rupture the membranes and if needed, forceps will suffice.

But in the great majority of cases, this method surely offers more than any other which has heretofore been employed.

Dr. Williams asked permission to say a few words in closing the discussion of the subject.

The most practical and important point developed by the discussion is the time at which it is necessary to interfere. He did not think that a hæmorrhage at the seventh or eighth month was prima facia evidence of placenta prævia. Such hæmorrhage did not require us to make minute examination to ascertain the existence of placenta prævia.

In his own experience such hæmorrhage has more than once occurred—owing probably to a partial separation of the placenta from the uterus—and still the patient has gone on to full term. He thought the safer rule was to regulate our conduct by the condition of the patient, rather than by a preconceived theory of placenta prævia. When the hæmorrhage is repeated, or when it is sufficiently severe to threaten serious consequences to the mother, it is important to make an early and positive diagnosis. In the case reported, the oft repeated hæmorrhages, produced as they were, without palpable manifest cause, strongly pointed to placenta prævia, but had there been only the first, or even the second hæmorrhage, neither of which was sure, there would have been no adequate reason for making a thorough investigation; especially would there be no reason for resorting to the dilatation of the cervix spoken of by several of the gentlemen during this discussion. Extreme measures should only be employed when the health or life of the mother is threatened.

The very remarkable statistics reported by Drs. Miltenberger and Neale seemed to him fully to corroborate this view. If *Lomer* and his associates could accomplish the wonderful results achieved by them in cases operated upon "in extremis," and reduce the mortality to 4 or 5 per cent. then it certainly seemed entirely unnecessary to interfere at a very early period in an ordinary case.

Dr. G. L. Taneyhill was called to a case of another practitioner a few weeks previous to Dr. William's case. Hæmorrhage was so profuse that the lady fainted. He diagnosed *placenta prævia*, and used ergot by the mouth and ice wrapped in flannel per vaginam, and *detained patient in bed.* At full term he was called in consultation. He prepared his hypodermic syringe with Bonjean's ergotine, gave one ounce of whisky and expressed belief that the case would be a rapid one. During the consultation the waters broke, the attending physician, according to a previous understanding which they had, thrust in his right hand, grasped the feet and *turned*; the head was easily delivered by drawing the child up over the abdomen, the placenta was immediately discharged. The womb contracted promptly by use of ice to abdomen. Did not use the ergotine. The child was dead, but the mother made a good recovery. Dr. Taneyhill had seen another case, in which, by the administration of ergotine hypodermically, profuse hæmorrhage was checked. The patient detained was in bed to full term with good result to mother. He thought we could not guard too carefully a case of placenta prævia.

Dr. Neale said, that of all the means ever proposed for tamponing the vagina of a pregnant or parturient woman he considered a bath sponge the very worst. Pledgets of antiseptic cotton, *properly applied*, while the woman is in Sims' position and the perineum retracted, he believed to be generally considered the best. He did not suggest Braxton Hick's method as applicable to all cases. Some required merely the rupture of the membranes, some the tampon, some Barnes' method, others forceps, internal podalic version &c., &c.

Dr. Neale also said, he would be a bold man indeed, who would use a sponge tent in the pregnant, parturient or puerperal conditions.

Dr. Miltenberger in reply to a question by Dr. Wilson said that Dr. Par-

vin's book, the latest out, says positively that there is not a single authentic case of death from chloroform during labor on record. The normal physiological hypertrophy of the heart with the effect of uterine contraction tended to prevent cerebral anæmia.

Dr. Williams had never seen any disagreable effect from chloroform in mother or child.

(*To be continued.*)

TRANSACTIONS OF THE CHICAGO GYNÆCOLOGICAL SOCIETY.

REGULAR MEETING HELD DEC. 17, 1886.

(*Continued from last issue.*)

GROUP II.—FORMS OF SALPINGITIS DUE TO SPECIFIC MICROBE IDENTICAL WITH THOSE PRODUCING TRAUMATIC INFECTIONS.

Salpingitis septica (*pyæmica, ichorosa, purulenta, diphtheritica*).—The term *salpingitis septica*, is rather general and inaccurate; as when speaking of a pyosalpinx we simply mean that the tube contains pus, when employing the term *salpingitis septica* we merely indicate that the disease is due to infection by a septic virus. It is at the present time a matter of extreme difficulty to diagnose the nature of the pus and the nature of the infection presented to us in an individual case. Now, we certainly know that the microbes producing the different kinds of traumatic infection known clinically as septicæmia, pyæmia, diphtheria, phlegmon, erysipelas, may one and all invade the genital tract; we may hence infer the existence of an equal number of varieties of salpingitis, *i. e., salpingitis septica, pyæmica, diphtheritica, phlegmonosa, erysipelatosa.* In order to complete our scheme we should add *salsingitis putrida*, corresponding to putrid infection, whereby the difficulties are still further increased.

Notwithstanding the progress made in bacteriology, we have not yet succeeded in isolating and classifying the microbes which cause the clinically different forms of traumatic infection; consequently it is impossible to do this with regard to the different forms of *salpingitis septica.* However, the work done by Doléris, E. Fränkel, Lomer, A. H. Barbour, Nöggerath, Cushing, in the domain of puerperal infection, has given us some positive results.

There are two points which are to be considered fundamental:

(1.) The microbes of puerperal septicæmia are identical with those producing traumatic infection in general. During the puerperium after abtorion, as well as after parturition at term, the genital tract is far more susceptible to infection, or the conditions are far more favorable to the spreading of infection, than at any other time.

(2) As has been demonstrated by Ogston, Hueter and Rosenbach all suppuration is due to the action of microbes; several varieties of these, like the *streptococcus pyogenes* and *staphylococcus pyogenes*, have been closely studied, but it is known that they are not the only varieties which produce pus. As doubtless all of these carriers of infection may play a role in the production of salpingitis, we can readily see how complicated the question of infectious diseases of the tubes has become and how unscientific and untenable is the meaningless name of pyosalpinx. Yet there is a certain comfort in hoping that the matter may be somewhat simplified. Some of the forms of traumatic infection, for instance, sepsis, and diphtheria, pyæmia and phlegmon, are probably produced by identical micro-organisms, and the course of the disease may be modified by the nature of the tissue first attacked and by the manner in which the infection spreads, whether by the blood or lymph channels.

All of these infections, as is well known, have a double effect—a local one in the genital tract, and a constitutional one, which is brought about through the medium of the circulation, and which is seen not only in the system at large, but also in the localization of

the infection in organs distant from the point of entrance of the micro-organism. When systemic effects are produced by the virus of putrid infection, the disease is called sapræmia; when by the virus of septic infection, septic toxæmia or ptomaine poisoning; when by that of purulent infection, pyæmia.

We thus meet with an essential difference between the diseases of the genital tract, produced by the microbes of Group I, and those of the traumatic infection. The above mentioned severe and acute constitutional symptoms are but slightly indicated, or may even be absent in the diseases of the group, *i. e.*, gonorrhœa, tuberculosis, actinomycosis, whose course is chronic; whereas in diseases of the second group the rapidity of their development and the malignity of their course may almost entirely obscure the local disturbance in the genital tract.

As is readily seen, the septic diseases of the tubes are not independent diseases; aside from the local disturbances co-existing in the uterus, vagina and external genitals, the whole circulatory system is usually affected. In this respect, as Lawson Tait rightly remarks, septic disease of the tubes is not a specific ailment; this, however, is of no importance in an enumeration of the varieties of salpingitis. An endometritis or a *colpitis gonorrhoica* may co-exist with a *salpingitis gonorrhoica*, and in the same way *salpingitis septica* may be accompanied by other diseases of the sexual organs, which are due to the same cause. There is, of course, no such thing as an affection of the tubes merely.

Salpingitis septica, co-existing with severe puerperal septicaemia or "lymphatic peritonitis" has never as yet, it is true, given the surgeon an opportunity to remove the principal focus of the disease by extirpation of the tubes. It is possible, however, under certain circumstances such a procedure might be indicated. B. S. Shultze, "*s. Verhandl. d. gynækolog. Section d. Versammlung deutscher Naturforscher*," in Berlin, 1886, has recently succeeded in amputating a puerperal uterus, in a case in which it was impossible otherwise to remove the placenta, which had become the source of septic infection. Lately two cases came to my knowledge in which the tubes burst from overdistention with pus, whose nature, whether gonorrhœal or septic, was not ascertained. In both cases a general peritonitis resulted which proved fatal, in one on the fourth, in the other on the twenty-first day after confinement. It is clear that in both these cases the salpingitis had existed before delivery. I shall afterwards relate a case of my own in which this certainly was the condition. Cases of this kind will be diagnosed more frequently and more readily as soon as our attention has been called to them, and we may then expect to hear of their treatment by operation. Cases of salpingitis, consequent upon traumatic infection in non-puerperal women, are, of course, of much more frequent occurrence. The carriers of infection may, for instance, be directly introduced into the tubes by means of an infected sound. The introduction of a septic instrument into the uterine cavity may be followed by a septic salpingitis. In cases in which we observe an exudative pelveo-peritonitis after the introduction of an infecting sound, after an intra-uterine injection or a *curettement* of the *mucosa uteri*, the infection almost always spreads to the pelvic peritoneum by way of the tubes and exceptionally only through the muscular walls of the uterus. The severe systemic disturbances, the diseases of the uterus and pelvic peritoneum, may gradually subside, whereas the tubal affection remains. A pyosalpinx has formed, the tubes are filled with pus, which can have been produced only by the action of one of the specific microbes of traumatic infection: perhaps by the *staphylococcus pyogenes*.

Two cases of my own may serve as illustrations. In one of them a physician had performed *abraiso mucosæ uteri* without antiseptic precautions, infection took place and a *pelveo-peritonitis ex udativâ* followed, after the subsidence of which I could easily feel each tube thickened to the size of a thumb. At the operation both tubes were discovered

to have thinned walls and to contain thick pus resembling that found in an abscess. The overies were small and enveloped in masses of very dense, connective tissue. I removed the tubes, but left the ovaries. The woman made a good recovery. The adnexa had been in a healthy condition before the mucous membrane of the uterus had been scraped. I have already published the other case ("*Verhandlungen der Gesellch. f. Geburtsh,*" *zu Leipzig*, 17 April, 1882; "*Centralb. f. Gynæk.*," 1882, p. 558); multipara of twenty nine years; three spontaneous deliveries, at the fourth *placenta prævia*, and forceps applied before complete dilatation of the os. Puerperal fever. Recovery, but permanent pains in the right epigastrium. A short time after, renewed pregnancy, in the third month of which a prominent gynæcologist ascertained disease of the right uterine appendages; at full term rapid and spontaneous delivery. On the third and subsequent days of the puerperium, chills, high intermitting fever, icterus, in short the symptoms of acute pyæmia. Death on the thirtieth day. The autopsy revealed *salpingitis purulenta dextra*, and several abscesses in the right ovary and right broad ligament. The remainder of the genital organs, the adnexa on the left side nomal. I explain the course which the disease took in this case in the following way: At the fourth parturition, septic infection and localization of the disease in the uterus and the appendages on the right side; subsidence of the grave constitutional disturbances and persistence of a pyosalpinx, probably due to *streptococcus pyogenes*, latency of pyosalpinx during subsequent pregnancy. After delivery increased absorption of pus, abscesses in the ovary and broad ligament, acute pyæmia and death. In a case of this kind a septic-infectious disease, originally extending over large portions of the sexual tract, is finally concentrated in the tubes. Why should not such a case, in which the tubes chiefly appear affected, present a "specific ailment" as well as does a case of *pyosalpinx gonorrhoica* in which *ceteris paribus* we have the same limitation of the disease to the tube as a principal focus for further infection.

What I desire to prove by these somewhat extesive remarks is, briefly, as follows:

1. Numerous cases of *salpingitis purulenta* ("pyosalpinx") are due to traumatic infection, are septic forms of salpingitis.

2. There are as many forms of septic salpingitis as there are forms of traumatic infection, and of microbes producing the same.

There is, however, an additional reason why Lawson Tait denies septic salpingitis to be a specific ailment. As we see from his startling remarks in the *Medical News*, April 24th, 1886, he does not believe in sepsis at all, does not believe in infection, denies the principles on which the practice of modern surgery and obstetrics is based. He has been taught nothing by the researches of Semmelweis and Lister, Pasteur and Koch. And why? Because his own success in combating septic infection is to him proof of the non-existence of septic infection. We are accustomed to Lawson Tait's reckless statements. Without taking the trouble to refute them scientifically, I but wish to call to mind his assertion that menstruation does not depend upon the overies but upon the tubes, that the mortality of the Cæsarean operation is still 99⅞ per cent. His denial of traumatic infection is a statement of the same kind. I should like to hear Lawson Tait's answer to the following questions:

1. What disease, before the introduction of Listerism, killed thousands of patients who had received wounds or who had been operated on? What, according to his views, was the cause of death in his own cases, when he lost patients after operations, if not, as everybody else believes, septic infection?

2. What is puerperal fever?

Lawson Tait disputes the correctness of our teaching regarding infection, but he has failed to give us any other explanation of its phenomena.

GROUP III.—FORMS OF INFECTIOUS SALPINGITIS PRODUCED BY SPECIFIC, BUT AS YET UNKNOWN, MICROBES.

1. *Salpingitis syphilitica.* — This form has been described by Bouchard and Lépine (*Gazette Med. de Paris*, 1866, No. 41). Both tubes were swelled to the thickness of fingers, and contained three gummata of the size of hazel nuts. The description given by these authors of the tubal disease agrees fully with the changes brought about by syphilis in other organs. Of more recent authors, Gill Wylie expresses his opinion that tubal syphilis does occur ("Diseases of the Fallopian Tubes," etc., January 24th and February 7th, *The Medical Record*, 1885). He says that "syphilis may cause salpingitis, just as it does otitis or ozæna." He also calls attention to the fact that "endometritis in syphilitic subjects has a most obstinate character." Compared with the actual observation of Bouchard and Lépine, the clinical remarks of Gill Wylie are, of course, of theoretical value only.

Like Lawson Tait, I, myself, have never yet had occasion to observe an undoubted case of tubal syphilis. We should bear in mind, however, that our attention has been but little called to the anatomy and clinical forms of this disease. We are not justified in denying this form altogether, as we are not in a position to dispute the reliable authors who have testified to its existence. Others may have seen what we ourselves have never had occasion to witness. I desired to give a most complete enumeration of the forms of infectious salpingitis hitherto described; I could as little have omitted *salpyingitis syphilitica* as I could have done *salpingitis actinomycotica*, of which also up to date but one authentic case has been observed.

2. Occasionly we find in young girls, who have never had intercourse with a man, tubes filled with pus and pelveoperitonitis. This has been accounted for in various ways. It has been said that in these cases a serous catarrh is intensified and changed to purulent inflammation; that the suppuration is due to catching cold at the menstrual period, or to a trauma. These cases have also been adduced as evidence to show "that tubal suppuration is not always of gonorrhœal origin." Yet also in these cases there is an infection, and usually a gonorrhœal infection. I, myself, have seen a comparatively large number of girls of all ages, from infancy to puberty, who were infected with gonorrhœa. We know how easily the infecting germs are carried from one person to another; for instance, parents and children may use the same sponge or bath tub; the germs may adhere to fingers, linen, etc. The girls infected may further spread the disease in school, and so on.

Aside from the gonorrhœal, the tubercnlous infection is to be mentioned as a cause of pyosalpinx in young girls. Just at present I am treating a girl of 17, who is suffering from a disease of both appendages, complicated with pelveo-peritonitis. The tubes can be distinctly felt, and are thickened and nodular. She has a hectic appearance, like that of a consumptive; her lungs, however, are normal. The father of the girl was, not long ago, operated on for tubercular orchitis. I hope that the operation will confirm my diagnosis of *salpingitis tuberculosa.*

Undoubtedly the microbes of traumatic infection may also, after accidental lesions of the external genitals, get into the tubes of young girls; they may also enter from the peritoneal cavity. I know of a case, a girl of 16, in which an inflammatory disease of the right uterine appendages developed, consequent upon a retro-typhlitis.

My reason for again considering these forms of infectious salpingitis belonging to Gronps I and 11, in regard to their occurrence in children is this: there are evidently other infections of the female genital tract, which have been observed in children but which have not as yet been recognized as special forms; consequently they are to be placed in Group III, in opposition to the forms of the two preceding groups. E. Fränkel, of Hamburg ("*Bericht über eine bei Kindern beobachteten Endemie infectiöser Kolpitis*, *Virch. Arch.* Feb., 1885), and Johann C'seri, Budapest

("*Zur Ætiologie der infectiosen Vulvovaginitis bei Kindern*," *Wiener Med. Wochenschrift*, 1885), describe an infectious disease of the vagina and vulva, the former believing it to be due to a special coccus, the latter to a coccus identical with Neisser's gonococcus.

Hennig (*Krankheiten der Eileiter*, page 67) in a girl of ten and Eppinger (*Prager Zeitschrift für Heilkunde*, 1882, page 36) in an adult witnessed a dysenteric inflammation extend to the mucous membrane of the genital tract; the disease in its new location assumes the appearance of a diphtheritic inflammation.

Suppuration is sometimes observed in the vaginæ of children suffering from helminthic disease. In these cases the suppuration is not caused by the irritation of the parasite especially the oxyuris, but by certain microbes carried into the vagina by the parasites. The nature of these microbes has not as yet been sufficiently investigated to allow of their classification.

It has long been known that certain infectious diseases, like typhoid fever, scarlatina, variola, cholera, may invade the genital tract. The local affections are probably caused by the same specific microbes which produce the typical constitutional disease. This, however, remains to be proven.

At the close of this enumeration, I wish to repeat that in every case where the vagina or uterus is the seat of one of the diseases named, such disease may extend into the Fallopian tubes. I am well aware that I am standing on an unsafe scientific basis regarding my third group of forms of infectious salpingitis. For this very reason I deemed it advisable to group them together, thus keeping them apart from the better known forms; besides I desire to point out the object which should be kept in view in investigating this subject and in endeavoring to elucidate it still further. It is, finally, self-evident, that there are also mixed forms of salpingitis. Different varieties of micro organisms may enter the tubes either simultaneously or successively. The forms most frequently found combined are the microbes of the gonorrhœal and tuberculous, and of the gonorrhœal and traumatic infection and those of the different varieties of the latter.

Every physician whose scientific standpoint is the same as mine will admit, that matters regarding salpingitis are immensely more complicated than Lawson Tait imagines, and that it is not sufficient to make an abdominal section, to remove the uterine appendages and to satisfy oneself with the diagnosis of pyosalpinx in the case the tubes are found filled with pus; but that it is our duty, employing all the means furnished by modern science, to endeavor to make an accurate diagnosis of the form of disease affecting the uterine appendages before the operation, and afterwards to add to our clinical observation careful pathological and bacteriological examination of the specimen. This certainly is a higher standpoint than that occupied by Lawson Tait, to whom the removal of the uterine appendages is the chief thing and who, neither before nor after the operation, concerns himself with the nature of the disease treated. He admits, himself, that in every fifth case he made an error in diagnosis. In a man like Lawson Tait, so great in his own estimation it seems rather small to attempt to conceal his ignorance by resorting to insulting and scurrilous remarks in regard to German scientists. I advise Mr. Lawson Tait to learn German and to read the works of German gynecologist; he may perhaps come to the conclusion that there is much which he might profitably study.

Here in Germany, Lawson Tait is held in high esteem, as he deserves to be, on account of his brilliant practical results. We have long since, however, ceased to regard as serious his theoretical utterances, which pretend to be scientific. The tone which he adopts in his polemic writings does not prevail with us in Germany, and it is certainly looked upon as undignified by every gentlemanly Englishman.

I am, sir, etc.

DR. M. SAENGER,

Privatdocent at the University of Leipsic, President of the Obstetrical Society of Leipsic.

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BALTIMORE, FEBRUARY 26, 1887.

Editorial.

A NEW METHOD OF DRESSING EYES AFTER EYE-OPERATIONS.—In the report of the Presbyterian Eye, Ear and Throat Charity Hospital, of our city, published elsewhere in our columns, attention is called by Dr. J. J. Chisolm, the surgeon in charge, to a new method of dressing eyes after cataract and iridectomy operations which is entitled to decided praise, not only on account of the bold and original conception of the method inaugurated and its revolutionary features, but as an illustration of the splendid progress which has been made in contort extendedto eye patients through its successful application in eye surgery.

The old method of treating eyes after operations is quite familiar to all students of eye surgery, and to all well-informed phpsicians. Its many disadvantages are apparent. Patients were not only kept in total darkness for days after the operation, but were often confined to their beds and enjoyned to observe the strictest seclusion and privations. For days after the bandages were removed light was slowly admitted, and pain and sensitiveness of vision were almost invariably experienced.

In an address before the Section on Ophthalmology, at the meeting of the American Medical Association, held in St. Louis, in May, 1886, Dr. Chisolm took the position that the method then in universal practice of dressing eyes after operations was irrational and should be abandoned. He argued that the compress bound over the eye recently cut open could not aid in the coaptation of the wound made in the periphery of the cornea because it made its greatest pressure upon the apex of the cone. Dr. Chisolm then suggested that the best corneal splint was the tarsal cartilage of the lids and that the orbicular palpebral muscle would prove the best eye bandage. He claimed that it was only necessary to secure the closed lids by means of the thinnest isinglass plaster and a perfect dressing would be devised. He considered it to be unphysiological to exclude light from the sick chamber, and he argued that the best method of securing successes in general surgery was to disturb the natural habits of the individual as little as possible. Dr. Chisolm's views were not approved of by the specialist who took part in the discussion, and the new method was regarded as a dangerous innovation.

Dr. Chisolm was not long in subjecting his views to practical observation and test. The material at his command was abundant and he was enabled to conduct his experiments under the most favorables auspices and surroundings. He has explained in the report elsewhere published, his new method and its successful results. Over one hundred cases of iridectomy and cataract operations have been treated by the new method with results so astonishing that Dr. Chisolm has even more recently taken a bolder step than the one taken in May last. Having observed that his patients progressed so well, he has been induced to remove every unnecessary restraint, and by careful observation to discard not only bandages and dark rooms, but to liberate in iridectomy cases the eye not operated on. The sound eye is thus left for the guidance of the patient in eating and dressing, as well as for his general comfort. Having reached this result with iridectomy operations, Dr. Chisolm has quite recently subjected four senile cataract cases to a similar test. He began by leaving off the straps from the eyes not operated on, and then removing the straps from the operated

eyes on the fifth day as usual. Not the least harm came to the eyes in these cases from the treatment employed. The result was entirely satisfactory in every respect. These four cases were literally treated as parapatetics. They were treated in their surroundings in every respect as if for a simple corneal wound. They did as well as those cases in which both eyes had been closed by isinglass diaphanous plaster. The revolution in the after treatment of cataract and iridectomy patients, thus inaugurated by Dr. Chisolm, has been so complete that it is difficult to see just now where it will end. The results so far have been so strikingly good and the method so simplified in its details and so beneficent in its comfort that it certainly is worthy of the fullest recognition by ophthalmic surgeons. It seems destined to make a revolution in eye surgery nearly as great as that witnessed from the local anæsthetic action of cocaine.

Pharmaceutical Contributions to Practical Medicine.—From time to time the armamentarium of the practitioner of medicine is materially strengthened by the skill and enterprise of the pharmaceutical chemist. The interests of trade have contributed a most valuable service to medical progress. Whilst the chemist, the physiologist and the scientific observer have cultivated the fields of research for new agents and new methods of applying remedies to disease, those busy men who seek to improve the resources of the pharmaceutical art by combining drugs, coating pills, and preparing numerous other niceties in the shape of soluble pellets, plasters, capsules, and the like, have not been idle. One of the most striking features of medicle practice of to-day, as contrasted with that of twenty years ago, is the fertility of the resources placed within the reach of the practitioner of medicine and surgery. Nauseating drugs may be found in every drug store so disguised by art as to make them acceptable to the most critical stomachs. Tinctures, fluid extracts, elixirs and numerous other pharmaceutical preparations have met with such careful preparation that their administration is rendered almost unobjectionable. Even cod-liver oil, the most unpalatable of all remedies, may now be safely conducted into the alimentary canal in a tasteless gelatine bolus. The pharmacentical art has simply wrought wonders in its beautiful and useful contributions to practical medicine. Not only has it introduced the drugs of the pharmacopœia to professional notice in combinations of nicety and effectiveness, but it has gone even further and given the profession nutritive agents, antiseptic agents and other useful combinations which have not been recognized by the pharmacopœia, but which every practitioner knows possess the highest merit. Who can question the value of many of the malt preparations, the food extracts, the antiseptic solutions and powders, the various digestive aids, the soluble tablets and numerous other articles in daily use by physicians, which owe their existence and their usefulness to the commercial spirit which is ever seeking to supply the wants of the animal family? It is quite true that this same commercial spirit has introduced adulterated and spurious articles into the market. In pharmacy as in everything else the evil is mixed with the good, but this is no argument against the legitimate work and object of pharmacy. We see enough of the good work of pharmacy to satisfy us that the vast majority of those who follow this branch of trade have a high aim and are ever striving to perfect their art. The pharmacentist is the natural ally of the medical practitioner and it is but proper that the two professions should serve each other. Pharmacy undoubtedly renders a service in the preparation of remedies; the physician determines the value of this service by the test applied to the remedy and his observations upon its effects. He poses as the rigid umpire and from his opinion there is no appeal. Pharmacy has nothing to gain by a refusal to accept the umpire's verdict. Those men who invest brains, energy and capital into commercial pharmacy well understand this, and, as a rule, they have well tested their preparations offered to the medical pro-

fession before they embark in financial ventures which depend for their success upon professional criticism and experiment. Their very willingness to invite professional criticism is a proof of their faith in the value of the product placed upon a market in which the physician virtually becomes the chief salesman.

We are led to these reflections by way of an introductory to a new food remedy, advertised in our columns, which comes to us well recommended. The "Medicated Food," as the remedy is called, is a preparation of crushed wheat representing the nutrient properties of the grain from which certain constituents have been removed and others changed by their mode of manufacture so as to make the article promotive of nutrition and assimilation, and at the same time a laxative and anti-dyspeptic agent. The remedy is indicated chiefly in chronic constipation, dyspepsia, flatulence and conditions associated with disturbances of the assimilative function. The manufacturers of this food remedy have obtained their process of manufacture from a physician's formula, and having satisfied themselves as to its value as a medicinal agent they have invested capital, skill and enterprise into its business management, with the object in view of serving their own interests and the interests of the medical profession, and through them to such of their invalid patients as the remedy is indicated. They ask the profession to try it on its own merits and to subject it to such criticism as it may deserve.

Miscellany.

Treatment of Orchitis and Epididymitis.—There is such a diversity of opinion as to the best treatment of orchitis and epididymitis, the result of acute gonorrhœa, that the results obtained by Mr. Frederick W. Lowndes (*Lancet*) for the last eleven years in the Liverpool Lock Hospital, are of considerable importance. The plan practiced in this hospital is almost invariably that introduced by Mr. Furneaux Jordan, in 1869, namely, by painting the affected testicle with a strong solution of nitrate of silver (two drachms to the ounce), at the same time enforcing strict rest in bed, and supporting the inflamed organ upon a small pillow so as to prevent it from hanging down. Mr. Lowndes has invariably employed the same treatment, and in eleven years has treated two hundred and sixty-nine cases. He has always found this plan highly successful. The acute pain often amounting to agony is soon subdued, and in the majority of cases the organ returns to its normal size in the course of a few days. Sometimes a second painting is necessary, but this then suffices. The same plan of treatment has also been used very successfully in private practice. When the patient cannot be induced to take absolute rest in bed, and when the patients are compelled to follow their usual occupations, the recovery must obviously be slower, as it is not possible by suspensory bandages or by means of handkerchiefs, however skilfully applied, to insure perfect rest as when the patient is lying in bed. While the rest is an important item in the treatment, it is not by itself sufficient to effect a cure. The immediate effects of the nitrate of silver in allaying the pain are most marked, though for obvious reasons the nitrate must act more powerfully while the organ is in a state of quiescence than when constantly active.—*Ther. Gazette.*

Acute Melancholia Caused by Impacted Fæces.—Hutchinson has detailed an interesting case of this kind occurring in a married woman of forty. At the time of her admission into the Western Pennsylvania Hospital for the Insane, the patient suffered from acute melancholia, was very weak and extremely emaciated, her skin was bronzed, dry, and harsh, her hair was dry and falling out, and all the secretions of the body were perverted. On examination, a distinct tumor could be felt through the abdominal walls, following the course of the rectum and sigmoid flexure and making the introduction of a catheter to relieve the distended bladder almost impossible. The tumor was immediately thought to be an accumulation of hardened fæces.

Accordingly, the scoop and appropriate injections were employed for several days, with the ultimate result of removing the mass entirely. Rapid improvement in the patient's health, both mental and physical, followed this evacuation, so that in less than one month she was discharged, being then in the enjoyment of perfect health of body and mind alike.—*N. Y. Med. Journal.*

Medical Items.

During the past year 101,695 deaths resulted from Asiatic cholera in Japan.

Professor Billroth, the distinguished surgeon, of Vienna, has been elevated to the peerage.

Miss Klumpe, an American lady, has been admitted as an interne of one of the Paris hospitals.

Congress is asked to give $45,000 to the International Medical Congress which meets in Washington in September.

It is claimed that the atmosphere of Southern California, near the coast during the Summer is nearly aseptic.

The mortality from labor in China is estimated to be eight per cent., or about four hundred thousand deaths annually.

During his tour in Great Britain Dr. Oliver Wendell Holmes received degrees as follows: D.C.L., Oxon.; Litt. Doc., Cantab.; LL.D., Edin., and LL.D., Dublin.

The Medical Society of the County of Kings, Brooklyn, N. Y., has decided to purchase a building in which to hold its meetings. Subscriptions will be solicited to the amount of $15,000 for this purpose.

A bill is now before the Ohio Legislature providing for the registering of physicians and the regulation of medical practice in that State. The medical profession of Ohio have had as much difficulty in getting a medical law as we have had in Maryland.

A Professorship of Hygiene has recently been created at Breslau, to which Professor Flügge, of Göttingen, has been appointed, where he is Director of the Institute of Chemistry and Hygiene.

Dr. James Davies states, in the *Therapeutic Gazette*, that the Druidic College of the twelfth century considered tannin the most potent of all the products of nature in producing sterility, and that tea-drinking, as practiced by the public, undoubtedly acts in the same direction. —*Boston Med. and Surg. Jour.*

Prince Ferdinand, of Bavaria, who is a distinguished surgeon, has, during his recent visit to Madrid, performed several delicate operations. The prince is a brother of the Empress of Austria-Hungary.

The Maryland Lying-in Hospital was incorporated in this city, on February 21st, by Drs. Wilmer Brinton, E. R. Walker, S. K. Merrick, J. H. Scarff and J. D. Blake. The institution will be conducted in connection with the Baltimore Medical College.

A diploma mill has been discovered in Lewiston, Maine, under the name of the "Druidic University of America, State of Maine Branch." The "University" is an incorporated institution with a faculty composed of one member who styles himself "Dr. Samuel York, Druidic Physician." Since the exposure the Main Legislature has repealed the charter of the Druidic University.

The death is announced from Paris of Madame Trélat, the wife of the late Dr. Trélat, Governor of the Salpêtrière Hospital. Madame Trélat, whose life has been spent in charitable work among the deserving poor, and who took an active part in the creation of technical schools for girls, has left $40,000 to the poor of Paris. The rest of her fortune she leaves to schools and other institutions of public utility.

A case of chloroform death occurred in Philadelphia two weeks ago in the practice of Dr. Wm. H. Pancoast. The anæsthetic was administered to a man aged thirty for the purpose of having adhesions of the finger tendons of the hand broken up. The usual remedies were applied without avail. The autopsy revealed the kidneys much diseased and an unusually fatty liver and heart, and a thin right ventricle.

Dr. J. B. Mattison, of Brooklyn, read a paper on "Cocaine Dosage and Cocaine Addiction," before the Kings County Medical Society, February 15th, and at its close a motion was made by Dr. Alex. J. C. Skene, and was unanimously adopted, appointing a committee, consisting of the President and Secretary, Drs. Wallace and DeLaveigne, and Dr. Mattison, to draft a bill for presentation to the legislature, placing cocaine on the list of poisonous drugs, and to be sold only on physician's prescriptions.

The Medical Register, a weekly journal of medicine and surgery, has just made its appearance in Philadelphia under the editorial management of Drs. J. V. Shoemaker and W. C. Wile. The *Register* presents an attractive appearance and gives evidence of an enterprising and progressive management. The editors are not unknown to editorial fame, both having had an extended experience in medical journalism, the former as editor of the *Medical Summary* and the latter as the editor of the *New England Medical Monthly*. We wish the *Register* a career of usefulness and prosperity.

Original Articles.

THE BURSA PHARYNGEA AND ITS RELATION TO NASO-PHARYNGEAL DISEASES.

BY ETHELBERT CARROLL MORGAN. A.B.,M.D.
WASHINGTON, D. C.

Vice-President American Laryngological Association. Professor of Laryngology Medic l Dept., University, Georget wn. Vice-President Med.cal Society, District of Columbia, etc.

An important contribution* to the normal and pathological anatomy of the pharyngeal bursa was made by Dr. G. L. Tornwaldt, of Danzig, Germany, in a monograph published during the year of 1885. This monograph, which embodied the peculiar views of the author upon the bursa pharyngea and its importance in diagnosing and treating affections of the naso-pharynx, in my opinion, failed to receive the consideration it merited from Rhinologists, in this country. My present purpose is to again direct attention to Tornwaldt's cases, and the paper, which I publish today, contains the substance of remarks made by me in November 1886, before the Medical Society of the District of Columbia. It expresses tersely his views and my clinical reflections thereon, together with a resumé of existing subject-literature.

Tornwaldt holds the following propositions to be established as the result of his studies:

1st. The orifice of the bursa pharyngea with the aid of the gaumenhaken can be seen on rhinoscopic examination in most people as a furrow, funnel or oval-shaped hole situated in the median line of the pharyngeal vault about mid-way between the protuberance of the atlas and the superior border of the posterior nasal openings.

2nd. The bursa has usually the form of a sac or blind canal, rarely of a furrow or slit, and in consequence of its structure is the frequent seat of diseases of the naso-pharyngeal space.

3rd. These diseases consist in hypersecretion from catarrhal inflammation of the membrane, lining the bursa, and of cysts from closure of the bursal opening.

4th. The hypersecretion from the bursa, either of a mucous or purulent nature, adheres to a portion of the vault or pharyngeal wall.

5th. Cysts of the bursa are generally distinct yellowish swellings visible in the middle of the vault.

6th. The origin of the secretion from the bursa may be suspected when there is no assignable cause for the appearance of a secretion on the posterior portion of the vault or pharyngeal wall, when rhinoscopy demonstrates that the secretion escapes directly from the bursal orifice, when such flow is checked by an application directed exclusively to the bursa, when as often happens hypersecretion results from the walls of a cyst, which has been split open.

7th. Hypersecretion and cysts present the symptoms which other diseases of the naso-pharyngeal space accompanied by inflammation and secretory changes manifest and may give rise to the following disturbances occurring in distant organs. Hyperæmia, hyperlasia or mucous polypi of the nares, ear diseases, granular pharyngitis, chronic catarrhal laryngitis, bronchial catarrh, chronic gastric catarrh, cough, bronchial asthma, chest pains, frontal and occipital headaches, etc.

8th. The duration of bursal affections is indefinite, when no treatment is instituted.

9th. The therapeutics aim to heal or destroy the diseased bursa pharyngea.

Among 1603 patients, who consulted Tornwaldt for nasal, throat, lung or ear diseases, 892 had affections of the naso-pharynx. Of these 892 cases 202 were of the bursa pharyngea, 157 were examples of hypersecretion and 45 of cysts.

The therapeutic management consists first, in removing the dried secretions and in making insufflations of silver-nitrate, one to ten of starch, as well as the introduction of sounds coated with the nitrate into the bursal canal. The

*Uber die Bedeutung der Bursa Pharyngea fuer die Erkennung und Behandlung gewisser Nasenrachenraum-Krankheiten, von Dr. G. L. Tornwaldt 8° Wiesbaden, 1885.

galvano-cautery can be also used to open the bursa. Twenty-five of Tornwaldt's most instructive cases are given in extenso at the end of his monograph.

Here are the headings of four of his cases:

Case IV. "Catarrh of the pharyngeal bursa, with thick mucopurulent secretion, granular pharyngitis, laryngeal catarrh, morning vomiting, galvano-caustic treatment, failure, cure by destroying the bursa pharyngea.

Case VI. Catarrh of the bursa-pharyngea with copious purulent secretion, frontal pain, melancholia, bursa difficult to treat on account of protruding atlas, cauterization with silver-nitrate, slight improvement, etc.

Case X. Cyst of the bursa with cleft opening through which abundant pus escaped, hyperæmia of nasal mucous membrane. Cure by splitting cyst with galvano-cautery and applying silver-nitrate.

Case XVI. Cyst of the bursa, asthma, otitis media chronica, splitting of the cyst, improvement of ear trouble, prevention of asthma.

Strange as it appears it is nevertheless true that although the normal and pathological anatomy of the pharyngeal vault was the subject of exact study by William Hunter, as long ago as 1774, and in this century by F. J. C. Mayer, Robin, Luschka, Kölliker, Voltolini, Fränkel, Langer, Duroy, Ganghofner, and others, it remained for Dr. Tornwaldt in 1885 to report these interesting, novel, numerous and apparently valuable observations.

I say apparently valuable, simply because the ideas advanced and the therapeutic methods recommended, have not been before the medical world sufficiently long to receive the crucial test of experience. The matter is in every sense *sub judice.*

Czermak, in 1860, was, I believe, the first to view and recognize adenoid tissue in the naso-pharynx by the aid of the rhinoscope, and I moreover think that Luschka, a patient and truthful observer, anticipated the recent discovery of Tornwaldt, when attributing two cases of growth, in the median line of the pharyngeal vault, to a pathological condition of the bursa pharyngea. These were the cysts reported by Czermak and Tröltsch, respectively.

I will here state that Luschka in 1868, accurately and fully described the bursa pharyngea, or as it is called by some, the bursa of Luschka, directing attention to its existence and supposed anatomical and physiological importance; but the fact was almost forgotten until F. Ganghofner, in 1878, revived the matter by claiming, contrary to the opinions of Luschka and Fränkel, that this bursa was the relic of a fœtal canal. The formation of the bursa pharyngea is easily explained if we remember the mode of development of the pharynx and base of the cranium. In Mammal embryos at the period of cranial flexion, the superior portion of the pharnyx forms a hollow diverticulum, extending across the base of the cranium towards the brain. This prolongation passes between the spheno-ethmoidal and spheno-occipital portions, which being imperfectly developed and without connection or union between themselves, are with difficulty detected, being marked alone by a thickening of the fibrous tissue limiting the cranial cavity. The chorda dorsalis is at this point tangent to the posterior wall of the pharyngeal diverticulum, the latter having a little below its extremity a hollow bud or pimple, which, according to Seesel, is intended to become the pharyngeal tonsil. These facts have been observed in rabbit embryos of four weeks. A little later the spheno-ethmoid and spheno-occipital portions approach each other and finally unite. The superior portion of the pharyngeal diverticulum is then enclosed within the cranium, where it forms the hypophysis (glandular lobe of the pituitary body) the interior portion forms the bursa pharyngea. That portion of the prolongation situated between the hypophysal pouch and the bursa pharyngea does not disappear, but according to the investigation of Landzert is found as a straight canal in the sphenoid of the new born. M. Tédenat fully describes this interesting metamorphosis in a work printed in Paris, quite recently.

Considering the great impetus, which

has of late year's been given to the study of diseases of the naso-pharynx by thousands of accurate clinicians, in all parts of the world, who are daily peering into this cavity, noting every enlarged follicle, every ulcer, polypus, etc., and when the special journals at home and abroad have teemed with articles on these diseases, it is strange indeed that an affection possessing the many characteristic signs pictured by Tornwaldt, should have been overlooked. To Tornwaldt therefore is due great credit for his exhaustive investigation of this subject, embracing a record of two hundred and two cases, and for the simple methods by which we can obtain a radical cure of the affection.

Several reflections have presented themselves to me, in considering this question. Is disease of the bursa pharyngea always primary, is it not oftener secondary and the direct result of an extension of a naso-pharyngeal inflammation to the bursa? Has the disease been often seen uncomplicated with morbid changes in the surrounding tissue? Is it probable that all these serious complications and sequelæ mentioned by Tornwaldt can have their origin in so diminutive an organ as this bursa, for remember that he regards the bursa pharyngea as being the *fons et origo* of trouble in 25 per cent. of his cases of nasal disease. To make this point clear, I desire to state here that in the median line of the naso-pharynx midway between the protuberance of the atlas and the posterior border of the vomer is an orifice, round or oval of variable dimensions, usually of the diameter of the head of a pin or needle leading to a canal from one-tenth to a third of an inch (two to eight mm.) in length, forming a bursa or cul-de-sac, known as the bursa pharyngea or bursa of Luschka. This bursa is located behind (its orifice opening usually, immediately below) the mass of adenoid tissue underlying the mucous membrane and is united to the former by a loose cellular tissue. The bursal walls consist of a cellular tissue with epithelial elastic fibres and exterior to this stroma there exists a reticulated tissue sparsely supplied with follicles. In the normal condition the secretion from this bursa is exceedingly small, but under the influence of disease it becomes copious. The secretion covers and adheres to the posterior wall of the naso-pharynx forming a triangular crust, whose apex points, or leads to the orifice of the bursa. From the facility with which Tornwaldt cured many of his patients by a treatment directed solely to the bursa pharyngea, it would appear that a lack of treatment in this direction has been responsible for our failure in the past to cure many cases of supposed nasal catarrh.

I am inclined to believe that affections of the bursa pharyngea are often secondary or of extra-bursal origin, and that they reach that organ in the same manner that retro-nasal inflammation reaches the middle ear, namely by extension. I would hesitate to believe that the two hundred and two cases reported by Tornwaldt were all instances of primary and uncomplicated disease of the bursa-pharyngea and cannot divine how such a diagnosis could be substantiated. M. Luc fails to see wherein the remarkable labors of Tornwaldt furnish a single fact that is new, but I do not hurriedly endorse this opinion.

Schwabach has quite recently questioned the opinions of Luschka and Tornwaldt regarding the existence of a normal bursa pharyngea and claims that bursal affections are nothing more than an inflammation of the central portion of the adenoid tissue of the pharyngeal vault.

Now one of the best understood, most frequent and intractable of the affections of the naso-pharynx is adenoid vegetations or as denominated by some, retro-nasal adenoma.

The glands with which this region is so richly endowed become excessively increased in number and in dimension and often cover the entire vault hanging down like stalactites and seriously embarrassing nasal respiration, as well as the normal functions of this region. They are very liable to inflammation and ulceration in follicular pharyngitis, to simple hypertrophy and to transformation into naso-pharyngeal polypi. These sensitive glands are in immediate

proximity and in fact surround the short and small canal (one-tenth to a third of an inch long) forming the bursa. It becomes then almost evident that any changes in the normal condition of this adenoid tissue would influence the bursa pharyngea either by direct extension of the inflammatory process by contiguity or by mechanical pressure and consequent obliteration of the bursal orifice, a condition held by Tornwaldt to be a frequent result of disease of the bursa. Retention cysts of the pharyngeal bursa are due to closure of its opening into the naso-pharynx, and forty-five of Tornwaldt's, two hundred and two cases, were of this nature.

My familiarity with the views entertained and methods recommended by Tornwaldt embraces an experience with four patients, two treated some months since. One of the latter was certainly improved, but the other, I regret to state, was unimproved. In the first case I employed the galvano-cautery, in the second, solid silver nitrate. I have two cases now under treatment, but of those a prognosis at this moment would be premature. Three of my four cases exhibit to my mind the fact that the disease is not always confined to the bursa, for there was well marked catarrhal or follicular inflammation of the naso-pharnx (perhaps secondary), which was also treated by the usual method. I did not resort to cocaine anæsthesia in any of my patients when operating and simply used the gaumenhaken of Voltolini, which was firmly held by my assistant. As is evident the very existence of inflammatory diseases of the naso-pharynx and bursa pharyngea, renders instrumental manœuvers in this locality more difficult by reason of the hyperæsthesia attending such diseases.

Tissier in France and Keimer in Germany have already reported cases fully confirming the ideas of Tornwaldt. Tornwaldt himself has collected in a comparatively short period, two hundred and two instances of diseases of the pharyngeal bursa. Living as he does in a city of moderate population, one is forcibly struck with the great prevalence of these affections and wonders how their existence could have been ignored these many years by rhinologists commanding immense clinical material. But granting that specialists have overlooked and underestimated the bursa pharyngea as a prime element in the causation of many (25 per cent.) of the cases of retro-nasal hyper-secretion, I think the treatment employed for the cure of affections accompanying bursal disease, whilst not the best, has been the means of frequently curing the latter. The percentage of cures in obstinate naso-pharyngeal discharge, has in the past been sufficiently small, but would have been much smaller, if as I have intimated above treatment of the pharyngeal vault had not also exerted some curative influence in disease of the bursa. The treatment recommended by Tornwaldt is first the removing of dried secretions and then the applying of solutions or insufflations of silver-nitrate (one to ten). He also introduces delicate probes, coated with silver nitrate into the entrance to the bursa or opens the same by means of the galvano-cautery.

The applications of medicine in the form of liquids, powders, sprays, unguents etc., to the pharyngeal vault come in immediate contact with the orifice of the bursa pharyngea. The same can be said of surgical methods, such as the destruction of adenoid vegetations by means of the galvano-cautery or the extraction of the same by the snare, by Trautman's Curette, by Volkmann's spoon, by the ringmesser of Voltolini or Wilhelm Meyer, by the forceps of Cohen or Löwenberg, by the finger sheath curette of Capart or finally by the finger nail as recommended and practised by Guye of Amsterdam and E. Cresswell Barber of Brighton.

In conclusion, I consider the pathological investigations of Tornwaldt among the most valuable made in rhinology for years and am sure they will receive general attention and careful scrutiny at the hands of specialists. However, I must for reasons already given, state that I am not at this time enthusiastic over the supposed facility with which chronic naso-pharyngeal discharges can in future be controlled by

treating the bursa pharyngea, I shall certainly test faithfully and patiently the suggestions of Tornwaldt with the hope that I may obtain similar good results.

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Society Reports.

BALTIMORE GYNÆCOLOGICAL AND OBSTETRICAL SOCIETY.

REGULAR MEETING, HELD FEB. 8, 1887.

(*Continued from last issue.*)

First Vice-President, P. C. Williams, M.D., in the chair. Wm. E. Moseley, M.D., Secretary.

Dr. B. B. Browne reported a case of

PROLONGED GESTATION WITH DEFORMED FŒTUS, COMPLICATED WITH ANNIOTIC DROPSY.

Mrs. K., age 36, married 7 years, has had two children, both delivered with instruments. Menstruated for the last time March 20-23, 1886, expected to be confined about 28th of December, 1886, but labor did not come on until 2nd February, 1887, being ten months from cessation of last menstruation. About October 15th, she was kicked in the abdomen by one of the children and suffered for some time from the effects of this. On December 15,she fell down stairs and was considerably stunned by the fall. At the time of birth of the fœtus there was a very excessive flow of amniotic fluid, deluging the bed and floor of the room.

The fœtus was small with large head, lower part of the face and mouth very small, the right arm and leg were short and club shaped. The placenta was adherent and was removed with difficulty.

In reviewing the history of this case it seems probable that the kick in the abdomen, received in October, caused an injury to the uterus which resulted in a paralysis of the muscular structure of that organ, from this cause resulted the defective development of the fœtus and the large accumulation of amniotic fluid; the over-distention and loss of contractive power in the uterus would also appear to have been the cause of the prolonged gestation.

TARNIER'S BASIOTRIBE.

Dr. L. E. Neale exhibited Tarnier's Basiotribe and referred to the *N. Y. Medical Abstract*, Jan. 1885, containing a translation by Dr. Paul Bar, form *Le Progrès Medical*, Dec. 20-27, 1884, for a full description of the instrument.

The same number of the *Abstract* contained a very interesting article by Alexander Russell Simpson, M. D., on the "History of Embryulcia," in which he describes the five different groups of instruments designed for the performance of the operation. Viz. (1) Craniotomes, (2) Cephalotribes, (3) Cranioclasts, (4) Cephalotomes, (5) Basilysts. The Basiotribe was considered the best instrument hitherto designed for craniotomy in each and every one of the three stages of the operations; viz. (1) perforation, (2) comminution, (3) extraction.

Dr. Neale's experience with the Basiotribe was thus far confined to his class demonstrations of the operation of craniotomy, where he uses the dead human fœtus with the improved Budin and Pinard manikin. Here he has always found the instrument to act most easily and thoroughly, even where other instruments *ex. gr.* Braun's cranioclast (Craniotractor) and trephine had signally failed.

With the cranioclast we rely upon the pelvic walls exerting such pressure upon the opened head while it is dragged through the pelvic canal as to collapse the cranial vault, the base of the skull remaining uncomminuted, and often causing serious difficulty in its extraction. This method of operating necessarily subjected the maternal soft parts to a more or less dangerous pressure, which, with the basiotribe was obviated by the thorough comminution of the skull, base and all. The instrument is made as simple and antiseptic as possible, and is an excellent combination of (1) Perforator, (2) Cranioclast, (3) Cephalotribe, and the speaker thought it would fulfil all the requirements for the easy and safe performance of the operation.

Other destructive instruments were shown for the sake of comparison.

(2) Dr. Neale then exhibited Tarnier's last model of the Axis-traction forceps. (3) Prof. Wm. T. Howard's modification of the Axis-traction forceps, of which he spoke very highly from his experience. (4) Budin's and other douche tubes.

Dr. C. H. Riley, in washing out the cavity of the puerperal uterus, generally used the female tip, metal or hard rubber, of the Davidson syringe, and had found it to answer the purpose very well indeed. It is the right size and long enough, can be easily bent and a fresh one can always be readily procured. He had also found the block-tin catheters very useful for the same purpose.

THE BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING, HELD FEB. 1, 1887.

The President, Dr. P. C. Williams, in the chair.

SUB-IODIDE OF BISMUTH.

Dr. John Uhler wished to call the attention of the Society to the subiodide of bismuth as a dressing for ulcerated surfaces. The substance is without odor and taste and is very cheap. It is used as a dry powder. He has employed it in a number of cases and it has given entire satisfaction.

Dr. A. B. Arnold reported a case of

REFLEX PARALYSIS.

It occurred in an old lady, æt. 72 years. She had been complaining of a pain between the shoulders, and finally she was obliged to take to her bed. The pain was of the myalgic character. It was only relieved by large doses of morphia. Examination of the spine revealed nothing to account for the pain. Upon examination of the chest he discovered that there was a scirrhus carcinoma in the left mamma. The tumor had been there for about 9 or 10 months; it gave rise to no local pain. He then thought the pain in the back might have

been reflected from this point. In a few days the patient was attacked with vesical and rectal tenesmus which were in time followed by complete paralysis of both lower extremities. This course of events he thought interesting for here the trouble in the sphincters of the bladder and rectum preceeded the paralysis, whereas in true paraplegia it usually follows the loss of motion. There was no interference with sensation in the limbs, but the power of muscular contraction was entirely lost. He thinks this a case of reflex paralysis resulting from a pathological condition existing somewhere other than in the cord. It may be a secondary deposit of cancerous tissue in the mamma, which has developed in the spinal column and presses on the cord, but he don't think the symptoms justify a diagnosis of pressure.

He thinks the condition results for an anæmia of the cord due to some interference with the vaso-motor system, resulting in the paralysis.

He cannot say positively the exact source of the trouble, but it is his opinion, that the paralysis is reflex in nature.

FAILURE OF PUPILS TO DILATE UNDER USE OF ATROPIA.

Dr. J. J. Chisolm related a case of a man æt. 60 years, in whom there was refusal of the pupils to respond to the physiological action of atropia. In the left eye there was incipient cataract. He wished to dilate the pupil in order to inspect the margins of the lense. Hamatropin was employed with no result. He then instilled a four grain solution of atropia and told the man to return next morning, which he did, but his pupils were still in their original condition. The four gain solution was repeated with the same result. He then gave the patient a four grain solution and directed him to use it three or four times that day and return the next morning. On the following morning the drug had had no effect. Failing to get a response to atropia, duboisia, and finally hyosciamia, was used but failed to cause dilatation of the pupil. The other eye was then tried and the result was the same. This is the first case Dr. Chisolm has seen that refuses to respond to atropia.

FOREIGN BODY IN AN EYE.

Dr. J. J. Chisolm related another case, a man presented himself who had had an accident two years ago which resulted in the crushing of one of his eyes. At the lower angle of the ball there presented a small dark point which turned out to be a bit of metal. An effort to remove it resulted in failure as it was firmly imbedded in the eye-ball. The eye being useless was removed and upon section showed this small metallic point to be an angle of a rough piece of cast iron that almost completely filled the vitreous chamber. It was this piece of iron that had crushed the eye two years ago and it is very singular that it should have remained in the eye that length of time without giving rise to more irritation.

REVOLUTION IN AFTER-TREATMENT OF EYE OPERATIONS.

Dr. J. J. Chisolm then referred to a paper written by him entitled "A Revolution Complete in the After-treatment of Cataract." He said in that paper he advised the use of light strips of adhesive plaster as a substitute for the heavy cotton pads formerly employed. The strips were placed upon the eyes in such a way that pressure was obtained through the normal elasticity of the closed lids. The patients were not confined to bed nor to dark-rooms.

He has recently gone a step farther. In two cases he has closed in this way *only the eye operated upon*, leaving the well eye without any restraint whatever. His patients did well.

In answer to a question as to antisepsis, he said his instruments are always kept clean, and his sponges are cleaned and soaked in 1-2,000 biniodide of mercury solution. After operation he sometimes baths the eye in this solution.

Dr. T. A. Ashby then read a paper on

A CONTRIBUTION TO THE STUDY OF THE OPERATION OF SHORTENING THE ROUND LIGAMENTS. (ALEXANDER'S OPERATION.)*

DISCUSSION.

Dr. B. B. Browne was pleased to hear Dr. Ashby's paper. Thinks the operation still under trial. In most of the cases operated upon by this method he thinks the same results could have been obtained by other means. With Dr. Ashby he thinks there are certain conditions that contraindicate the operation. He referred especially to procidentia from hypertrophic elongation of cervix and fundus in the normal position.

In those cases in which the condition cannot be relieved by a pessary, he finds tamponing in the posterior cul-de-sac, while patient is in the knee chest position often rectifies the malposition of the organ. He orders these patients to remain in their beds lying upon their abdomen, in this way taking advantage of gravity to assist the fundus in approaching the symphisis pubis.

In those cases in which there is congenital absence of posterior cul-de-sac, accompanied by retroversion of the uterus, he thinks the operation would be indicated. For here neither a pessary nor a tampon could be gotten behind the uterus.

Thinks shortening of the round ligaments does not hold the uterus *up*, but rather depresses the fundus toward the symphisis, and thus places the long axis of the organ at right angles to that of the vagina, in this way preventing its descent along the vaginal canal.

The use of a pessary after the operation proves that the procedure is not a radical one.

Dr. John Uhler has adopted Dr. Browne's method of tamponing in these cases and his results have been satisfactory. He is careful also to keep the patient in such a position as to take advantage of gravity in assisting the organ to its proper place.

Dr. Herbert Harlan congratulated Dr. Ashby not only upon the success of his operation but upon his good fortune in having a patient with favorably constructed round ligaments. He has during the past winter dissected this region upon a number of cadavers, and in not over half of them did he find the round ligaments at all suitable for such a procedure. In some they were firmly attached along the canal or at pillars of the ring so that traction upon them in no way affected the uterus; in others the ligaments were torn upon very slight traction being applied. In a number of cases he found the ligaments only with the greatest difficulty.

Dr. T. A. Ashby has already stated that he considers the field for this operation a limited one.

In his case the pessary was introduced after three months and then only as a safeguard against the return of the trouble.

As to failure to find the ligaments, Dr. Mundé, of New York has had probably the most unpleasant experience in this respect.

No difficulty, whatever, was experienced in this case, either in finding the ligaments or demonstrating their traction on the organ.

Considers Dr. Browne's objections in many cases well grounded.

ABSORPTION OF CORROSIVE SUBLIMATE BY THE SKIN.—Dr. Kopff states in the *Przeglad lekarski* that, having made seven experiments with careful analyses according to the methods of Schneider, Schriddle, and Lehman, with the view of determining the power of absorption possessed by the skin for corrosive sublimate, he has found that healthy skin can absorb small quantities from aqueous solutions containing from one to two per cent. of the salt. The quantity absorbed, which, however, is never large, seems to depend mainly on the degree of concentration of the solution. The chloride of mercury is also invariably excreted very soon after it has been absorbed.—*Lancet*, Jan. 8, 1887.

* See MARYLAND MEDICAL JOURNAL, February 12th, 1886.

Correspondence.

PASTEUR'S THEORIES CHALLENGED.—OBJECTIONS TO CREMATION.—BURIALS BEFORE DEATH.—THE PARIS HOSPITALS.—HEALTH OFFICERS' REPORTS.—PASTEUR'S INSTITUTE.—DR. LABORD'S VIVISECTIONS.—RECENT DISCOVERIES IN ELECTRICITY.—EUCALYPTUS AS A CURE FOR MALARIAL FEVERS.—CHOLERA AT BORDEAUX.—DEATH OF DR. PAUL BERT.—DISPOSAL OF SEWAGE, ETC.

PARIS, January 27th, 1887.

Editor of the Maryland Med. Jour.

DEAR SIR:—That "all earthly things must come to gloom," and that "the Sun himself must die," we were reminded long ago by the poet Campbell. M. Pasteur, the scientist, whose character and works are universally known, and whose life and scientific researches are recounted all over the world, high as he stands upon "the pinacle of fame," is not above the reach of severe criticism. Some of the French journals are vehemently assailing his theories; and worse, he is spoken of as "*Monte sur des échasses*," one who thinks himself great above other men.

A propos of his treatment for rabies: The opposition to it is growing more and more pronounced every day. The recalcitrants are led by Prof. Pétré, who, though not so well known as Pasteur, is highly esteemed as a scientist, more devoted to practice than to theory—one who honors the profession of medicine, both by his knowledge and his character. As Dr. Pétré is a gentlemen of large wealth and altogether above petty jealousies, his good faith cannot be doubted, when he declares the theories and the practice of the great savant, "erroneous and full of danger," and says: "Though the name of those who believe in them be 'legion,' I must still remain a skeptic." The whole business he regards as an illusion, and if ever beneficial, the cure is wrought through the imagination or nervous system simply by allaying the fears of the patient, menaced by so great a danger as hydrophobia. The Doctor realizes the fact that he will be reproached, if he has not already been, for declaring against the methods of M. Pasteur, and he exclaims: "They may curse me for attempting to destroy a fiction which tends only to lesson the trials of death to the suffering patient; but that which has no good in it must be condemned, if it is evil—we cannot make science out of sentiment. My protestations are not of the moment, they date from the time that M. Pasteur applied his 'intensive method' (successive inoculations with virus more and more active), which has, without doubt, caused some terrible deaths. As soon as I became convinced that these inoculations were attended by catastrophies of the kind, I believed it my duty to investigate the matter, which I have carefully done, and will soon furnish such evidences of the impracticability and dangers of the method as may not be doubted. In the meantime, I must deplore the fact, that a discovery should be announced and proclaimed with so much *empressment* of which there is not yet any proof; nay more, a practice which is capable of transmitting the malady it is intended to heal. What matters it," says Dr. Pétré, "that I have tried to enlighten the public, that I have cried 'take care'! that I have warned the Academy of Medicine of the danger, and have declared before that body that the French people *alone* have accepted as conclusive and faultless, a theory having to its credit nothing but *doubtful cures?*"

Dr. Pétré insists that the immunity of dogs from rabies, after having been subjected to successive inoculations, is a myth, and the experiments of M. Pasteur have been a dismal failure. In this view he is corroborated by another eminent authority and experimentor. Dr. Von Frich, of Vienna, has demonstrated that immunity in dogs treated by the first method of Pasteur (dilute virus) *before* being bitten by an enraged animal is by no means certain, and

still less does it exist when the inoculation is made *after* the bite. As to the second method, viz., the "intensive," Dr. Von Frich, after careful investigation, declares his belief that it is not only useless but "positively dangerous." In Italy, M. Pasteur's doctrine of "immunity" has also been refuted.

It is not a matter of surprise to any one who has observed the characteristics of the French people, that a non "theory" should expand into an important "fact" with them twenty-four hours after its announcement. In no other country are the people so carried away by excitement and enthusiasm, or so given to "riding hobbies" as here. Things and men suddenly become objects of inexplicable furor, and the masses are prone to believe in these things and these men, without waiting for time or critics to show their real value, and he who makes bold to resist a popular excitement, without other arms than good sense and the truth, must surely succumb to the torrent which he tries to control.

The project of a law has been submitted in the French Senate, in which cremation is recognized as a legal method of disposing of the dead, but in the discussion a curious fact was brought to light; namely, that this could not be sanctioned without a revision of the constitution. The matter was referred to a special committee of the Chambers, which reported that while wishing to extend the liberty of funerals, the word "cremation" could not be permitted in the law. Another formidable obstacle recently placed in the way of cremation is the opposition of the Catholic Church, which holds, (1.) that certain respect should be paid to the dead; and, (2.) that there is an instinctive repulsiveness in this method of getting rid of dead bodies, badly defined it may be, but nevertheless real. The Court of Rome has stigmatised the attempt at cremation made in Italy, and only a few days ago the Church refused to assist at the obsequies of the Count Pallavicini, if his body should be incinnerated as ordered by his will, and, accordingly, the family of the dead Count declined to allow the wishes of the testator to be carried out. In Paris the process meets with no favor, and its advocates having found how averse public sentiment is to it, have decided, for the present at least, to use the crematory which has been erected at Père-Lachase for the debris of hospitals and medical colleges only. Perhaps it would be well for the Cremation Land Company, of Baltimore, to consider well these facts before proceeding further in their Charles street speculation. The medical colleges of Baltimore and the biological department of the Johns Hopkins would not furnish enough material for more than one fire in a season; and if the inviolate dead should be given to the Moloch of private cupidity, what would "wicked" Paris say of "moral" Baltimore?

Oh! wickedest town since time began,
They will not even bury a man!

Some of the local authorities in small French towns could not do better than go through a course of instruction in morbid anatomy, taking the researches into the physiology of life and death of their famous countryman, Bichat, as a text-book. A short time ago there was a premature burial in the North of France; and it is now reported that at Carpentras, in the Vaucluse, an old man, where death had been certified, was about to be transferred to his coffin when he suddenly sprung up in his grave clothes, and asked the undertaker's men for something to drink. It appears that the man had been for twenty-four hours in a lethargic or cataleptic fit, and his friends and the local authorities had concluded that he was dead. The man's resurrection was, however, of brief duration, for he had been nearly frozen to death during his "wake," and died in real earnest from exposure shortly after having received the refreshment which he had so unexpectedly demanded.

Your readers have all, no doubt, read and heard a great deal about the elegant hospitals in Paris. It would almost seem like a piece of good luck for some people to be seized with sickness, or to get maimed, cut, contused, or in other way disabled, at this time of year, so as

to be lying blissfully bandaged and quiescent in the warm, cheery ward of one of these well conducted institutions. When, to the care and good nourishment, the regularity and repose, the kind anticipation of every want, the noisless nursing, the encouraging visits of the doctor, and many other nameless comforts, are added the occasional visits of kind hearted ladies bearing many delectations, surely all must recognize a soothing, reviving, and, it may be, permanently ennobling influence which is more than a set-off against the darkest side, the suffering and sorrow, against which no human skill can prevail. One of the most complete establishments of the kind is the Hospital Isaac Péreire, at Levallois—Perret, erected and endowed by Monsieur Gustave Pereire, a son of the elder Pereire, which is under the management of an order of Catholic sisters. No one can visit this home for the sick and afflicted without expressing admiring pleasure at every turn. Its well furnished wards and rooms, its elegant bath rooms, its splendid ventilation, and its admirable arrangements for heating and cooking might furnish a model for many larger establishments of the kind, while the social accommodation is both refined and refining in its perfect and simple sufficiency. Gratified with all he sees, the visitor departs, filled no doubt, as your correspondent was, with the warmest wishes and good will towards this "model" hospital, which is an enduring monument of the benevolence of M. Pereire.

Municipal authorities, are not, as we all know in America, to be easily persuaded that the publication of authentic health reports affords the greatest security against vague and often unfounded rumors, and is most conducive to public confidence. Cities often suffer more in reputation from exaggerated reports as to the fatal prevalence of some epidemic or contagious disease than would have been the case if periodical reports had been published by the health officer giving thoroughly trustworthy bulletins of the health of the town. A case has lately occurred in one of the European towns where a health officer was required to change his annual report in order to make it conform to what was deemed the "material interests of the town," hoping thereby to conceal its unsanitary condition. How much to be regretted is the short-sighted policy of attempting to suppress a health officer's reports, because it, in all probability, dwells upon some unwholesome truths as to sanitary defects existing in the town. The suppression of these truths can only have the effect of making the public exaggerate the nature of the defects, and the danger to be apprehended from them, at the same time that it discredits the earnestness of the authority in attempting to remove them.

In company with M. M. Le Marquand and Lansigne, to whom I am indebted for many courtesies, I visited yesterday the Institute Pasteur, and the department of anatomy and physiology, of the great Medical School of Paris, presided over by the distinguished physiologist and biologist, Prof. Labord, and witnessed some interesting vivisections. Dr. Labord at the time of my visit was engaged in some interesting experiments to determine the toxic effect of the metal nickel, in order to account, if possible, for the physiological phenomena, which have occurred recently in several cases where persons have eaten food cooked in vessels made of this metal. The experiments, which were made on a dog, were very successful, and Dr. Labord will no doubt be able to furnish valuble knowledge on the subject. Speaking of the outcry raised against vivisection in America, one of the savants of Paris said the true prevention of excitements of the kind is the diffusion of knowledge, and he thought there was no objection to ladies (we might add, men too,) receiving some instruction on the general structure and functions of the human body. It is a part of education which ought to taught in all our schools, both public and private.

The application of electricity in the treatment of disease has been recently revived with astonishing results. Dr. Chacot has applied it successfully in paralytic, hysteric, hypnotic and cata-

leptic patients, by transferring the malady, so to speak, from one subject to another, at will. Though the relief thus afforded is said not to be permanent, it is believed that by successive experiments the desired end may be attained.

But the most wonderful advance in the application of this agent to the relief of human maladies is in the diagnosis of certain pathological conditions of the stomach, rectum and bladder. Dr. Roisseau du Rocher has invented an instrument armed with an electric light, by which the interior of these organs may be readily examined by the eye, and the inner walls of the stomach photographed, if need be. He can diagnose the existence of cancer or ulcers in the stomach or rectum, with as much certainty as if they existed on the outer surface of the body, and a stone can be seen as distinctly in the bladder as if it were in the palm of an open hand. Dr. Rocher is of course very expert in the use of his several instruments, but they can be used by any physician after a little practice, and when they are once seen and the *modus operandi* explained, there can no longer exist in the mind of any intelligent person a doubt as to their value and efficacy, in diagnosing diseases of either the stomach, rectum or bladder.

As regards the ailments incident to these three cavities, something of hesitation and doubt has heretofore always qualified our opinions. And as pertains to ulcers of the stomach, these observations are particularly applicable, because its prominent and distinguishing symptoms are, each and all, the leading symptoms of other forms of disease; because none can be strictly regarded as pathognomonic, and because one or more of what are deemed cardinal symptoms, by which it is more commonly recognized, may be but slightly pronounced or entirely wanting; but with Dr. Rocher's invention we may look into the stomach and determine its condition with as much certainty as we can look into a watch and see its mechanism.

There is in Europe almost complete unanimity as to the advantageous effects of the cultivation of the eucalyptus tree in the removal of malarial fevers from marshy districts, and its preparations are beginning to be used quite extensively in the treatment of these diseases. Dr. Hertz thinks that old cases will yield better results than new ones, but that recent ones are sometimes very speedily cured by the drug. He uses the tincture, and states, that, except an agreeable feeling of warmth in the mouth and pharynx, no appreciable effects but the rapid cure of the fever are noticed. He gives the tincture in one drachm doses three times a day, and two to three days suffice to effect a complete cure.

The passengers who arrived at Bordeaux from La Plata, a few days ago, are undergoing quarantine. One of their number died of cholera during the voyage, and another is suffering from the same disease. It is to be hoped that the precautionary measures which the authorities at Bordeaux have adopted avert all danger.

A few days ago the remains of Dr. Paul Bert, the distingnished physiologist, who was a short time ago sent to Tonkin as Resident General, by the French Government, were laid to rest in the cemetery of his native town of Auxerre. The inhabitants of that place, however, did not seem inclined to pay an exceptional honor to the memory of the man who left the home of his peasant father to conquer fame as a physiologist in Paris, only to die before his time in what was, after all, a patriotic endeavour to make the uncivilized races of the "Far East" amenable to the yoke of France. But the scant honors paid to him by his fellow-townsmen, who, it appears, did not like him for the reason that he was a representative of the Opportunist, were amply compensated for by the solemn and sympathetic demonstration made at Auxerre by his friends and colleagues of the present French Government, among whom were the Minister for Foreign Affairs, the Minister for Public Instructntion and many others occupying prominent official positions.

With regard to the special object of my visit to Europe, viz., to investigate

the most recent and approved methods of sewage disposal, particularly with reference to our Maryland cities and towns, I can only say, at this time, that I shall soon be enabled to make a comprehensive report on the subject to His Excellency, Gov. Lloyd, and the State Board of Health. In the prosecution of my labors I have received valuable assistance from Drs. Brouardel, Labord and Robbins, and M. M. Le Marquand, Lansine and others of Paris; Civil Engineers G. Royers, of Antwerp, and C. R. Kouvald, of Amsterdam. From here I will go to Germany and England and then home.

C. W. CHANCELLOR, M.D.

THE NEW METHOD OF DRESSING EYES AFTER CATARACT OPERATIONS.

BALTIMORE, Feb. 28th, 1887.

Editor of the Maryland Med. Jour.,

DEAR SIR:—I have just read with interest the annual report of the Presbyterian Eye, Ear and Throat Charity Hospital of Baltimore, by the surgeon in charge, Dr. Chisolm, and your editorial comments upon the same, in the issue of the MARYLAND MED. JOUR. of Feb. 26. The question of the modified after-treatment of cataract cases, which is brought so prominently forward in Dr. Chisolm's report, is certainly one of much importance, and one which has deservedly attracted wide attention, for, if the method of Dr. Michel,* of St. Louis, which Dr. Chisolm now practices so extensively, and which he has done so much to bring to the attention of the medical profession, is really an advance upon the older plans of treatment, it is unquestionably an important advance. If we can, with safety, permit our patients after cataract extraction the liberty—in regard to light, locomotion, etc.,—which Dr. Chisolm claims we can, it is certainly our duty to do so, because it adds greatly to their comfort, and materially lessons the irksomeness of their convalescence. But, can we? That is the question. There can be no doubt that many cases of cataract extraction will progress favorable under the conditions of after-treatment to which Dr. Chisolm subjects them, but this does not prove that the method is a good one, for the same thing will happen under conditions which all would admit are unfavorable, and if possible, to be avoided, such as awkward operating and bad hygienic surroundings. What the medical profession, and especially that part of it which is engaged in ophthalmological practice, desires to know, is, not whether *many* cases of cataract extraction do well when treated according to the plan which Dr. Chisolm advocates, but whether *as many* do well under this, as under the more cautious plan of after-treatment which most surgeons think necessary. Doubtless, it is a great boon to patients to be able, after an operation for cataract, to walk about a well-lighted ward with the unoperated eye open, and to escape the tedium of confinement to bed for several days, and the helplessness which attends the usual bandaging of both eyes; but they would scarcely elect this plan of treatment, and would think their temporary comfort dearly bought, if it should transpire that the liberty allowed them for these few days diminished, to an appreciable extent, the chances of their sight being restored.

If, then, Dr. Chisolm would convince those who are as yet sceptical regarding the merits of the plan which he advocates, he must tell them something more about the 127 cataract patients who were operated upon at the Presbyterian Hospital during the past year, than that the "youngest was under one year of age and the oldest person 92 years old." This fact may possibly interest them, but what they would like to know is, how many cases treated by the new method were successful (*i. e.* obtained $V=\frac{20}{xx}$ to

*The fact that the modified after-treatment of cataracts, which Dr. Chisolm commends so highly, and which he has practised for the past eight months, owes its origin to Dr. Charles E. Michel, of St. Louis, who has employed the same method "for the past twelve or fifteen years" (*Archives of Ophthalmology*, Vol XV, No. 3, p. 318), and the further fact that Dr Chisolm first learned of the method from Dr. Michel during the meeting of the American Medical Association last year, in St. Louis, appear to have been inadvertently lost sight of in Dr. Chisolm's report, in which he speaks of the "new rational simple treatment having *started out from our Presbyterian Hospital.*"

$\frac{20}{CC}$); how many were particularly successful; and what was the percentage of failures. The solution of the question would be still further assisted if he would make public his statistics of cataract extractions for previous years (before the adoption of the new system), so that the results might be compared with those obtained during the past eight months.

The report of the Massachusetts Charitable Eye and Ear Infirmary, for 1886, which has just come to hand, shows that during the twelve months, ending August 31, 1886, there were performed in this institution—in which the usual plan of careful after-treatment is in vogue—eighty-five cataract extractions by the modified Græfe method. In 89 per cent. of these "good vision" (V—1. to 0.1) was obtained; in 7 per cent. "partial success" (ability to find their way about, or V. capable of improvement by a secondary operation); and in 4 per cent. failure resulted. Can the new method make an equally favorable showing? If so, Dr. Chisolm should hasten to publish the fact, as nothing he could say in favor of the new departure would be so convincing as this.

Trusting this communication may induce him to publish the desired data, the important bearing of which upon the question at issue he cannot fail to recognise, I remain,

Very truly yours,
SAMUEL THEOBALD, M.D.

THE ELASTIC LIGATURE FOR UTERINE FIBROIDS.—The removal of uterine fibroids by means of the elastic ligature having been recently adopted by Prof. Slavyanski in four cases, a paper has been published by one of his pupils, Dr. Zhabotinski, dealing mainly with the history of this method of operating. He has collected accounts of 216 cases, of which 151 are British (44 being Dr. Robert Lee's), 27 French, 20 German, 10 Russian, 5 Americans, and 3 Italian. Of these 18, or 8.3 per cent., proved fatal—8 from peritonitis, 3 from septicæmia, 3 from exhaustion, 1 from pleurisy and peritonitis, 1 from meningitis, 1 from tetanus, and 1 from an accidental disease. In 12 of these death occurred before the tumor came away, and in the remaining 6 after separation had taken place. The author thinks that the opinions of West and McClintock on the dangerous character of this method of procedure were formed on the results of too small a number of cases, and that as most of the published cases occurred in pre-antiseptic times, the danger with modern methods may be looked upon as very slight. The mode of procedure which Prof. Slavyanski adopted, and in which Dr. Zhabotinski's opinion is the best, is to cut away the tumor after the elastic ligature has been applied to the peduncle. This seems to have given the best results, even before the days of antiseptics. The main indications for the elastic ligature operation are a pedunculated condition of the tumor, an accessible situation, and a disposition to hemorrhage.—*Lancet*, Jan. 22, 1887.

DISEASE AMONG THE INDIANS.—Dr. Washington Matthews, surgeon in the United States Army, has made a valuable contribution on the causes which are at work in carrying off the Indians of our country. One of the most important of these he finds to be consumption. From the census of 1880 we learn that, while the death-rate among Europeans is 17.74 per thousand, and that among Africans 17.28, the rate among the Indians is no less than 23.6. In diarrhœal diseases the Indian death-rate is not greatly in excess of that of the other classes. Measlees gives a mortality of 61.78 per thousand. But it is under the head of consumption that the difference between the Indians and the blacks is most conspicuous; the rate among the former being 266 as compared with 186 among the latter, while among the whites it is but 166 in the thousand. Dr. Matthews finds that, where the Indians have been longest under civilizing influences, the consumption rate is the highest; meaning by the term "consumption-rate" the number of deaths from consumption in a thousand deaths from all known causes. Thus the rate among reservation Indians in Nevada is 42; in Dakota, 200; in Michigan, 333; and in New York, 625.—*Med. News.*

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BALTIMORE, MARCH 5, 1887.

Editorial.

LAPAROTOMY FOR TUBAL PREGNANCY.—The prejudice which so long existed against abdominal section has within recent years so rapidly melted away that the time seems near at hand when excursions into the abdominal cavity will be not only be undertaken without hesitation to remove tumors and to repair wounds inflicted upon the abdominal viscera, but as the surest and most direct way of making a diagnosis in cases of abdominal trouble involved in doubt. In fact, laparotomy as an aid to diagnosis has not only been performed a number of times but is now urgently advocated by a few surgeons as the most rational method of removing donbt and of instituting intelligent treatment. Mr. Lawson Tait has been the chief leader in this direction, and to his clear and forcible teachings, as well as to his bold, original and skilful labors abdominal surgery is greatly indebted for its rapid advancement and proud position. To one who has kept pace with the literature of abdominal surgery the rapidity of its progress is no less striking than its signal triumphs. That section of the human body, which not many years back was a *terra incognita*, an unexplored region into which but few dared to venture, has become so faithfully mapped out and made so accessible to the surgeon's knife that mere tyros in surgical knowledge not only dare to venture in, but record surgical triumphs which McDowell, Atlee and Wells would have been proud to have acknowledged. To what do we owe this condition of affairs? Chiefly to the one or two facts—to our emancipation from the great fear of the peritoneum, and to a knowledge of the great principles of anticepticism and cleanliness. Now that surgeons fully understand that the peritoneal cavity will tolerate careful treatment and skilful manipulation, accompanied by cleanliness and rigid observance of details, the great secrets of abdominal section have been told. In the two previons issues of this JOURNAL we gave space to an admirable paper, by Dr. Morton, of Philadelphia, which presented a complete resumé of one of the latest phases of abdominal section—that undertaken for Traumatism. The results of surgical work in this field, were fully stated; the progress which surgery is making in repairing injuries inflicted upon the abdominal viscera is both striking and important.

In another field of exploit within the abdominal cavity, the outlook is most assuring. We refer to laparotomy for tubal pregnancy. Until within very recent years the victim of a tubal pregnancy faced a most doleful expectancy. When electricity and the good services of nature failed her, the consolations of the Church were her last comforts. Science had no helping hand to extend, save the *dernier* resort of anodynes. The surgeon bold enough to open the abdomen and remove the product of conception, had not yet arrived. But thanks to progress in all things, the time has come when laparotomy is not only admissible, but positively indicated. To Mr. Lawson Tait we are again indebted for this resource of the surgical art, for not only has he boldly advocated abdominal section for tubal pregnancy, but he has opened the way by his work to its successful accomplishment. With Mr. Tait the recognition of this condition is synonymous with its early and complete removal. His results, so far, have been extremely good. Following the leadership of Mr. Tait surgeons elsewhere have been emboldened to adopt his methods of procedure, and re-

ports of removal of impregnated tubes begin to appear in medical literature. Where the diagnosis of tubal pregnancy can be established, prompt removal by laparotomy seems to admit of little doubt. But it is too well known that tubal pregnancies are seldom brought to the notice of the physician unless rupture of the tube or some suspicious symptom arises to call attention to the condition. Practically the surgeon will be called upon to deal most frequently with ruptured tubal pregnancy. Mr. Tait has reported twenty-three cases in which primary laparotomy, for the removal of the fœtus and ruptured tube, was done. In our own country the first successful primary operation for ruptured tubal pregnancy has been recently recorded (*Med. Record*, Feb. 26, 1887) by one of Mr. Tait's pupils, Dr. A. W. Johnstone, of Danville, Ky. On Nov. 6th, 1886, Dr. Johnstone performed laparotomy on a patient three months' pregnant, and successfully removed the fœtus and much thickened and ruptured tubes. This patient made a prompt and complete recovery. Considering the fact that this is the first recorded case of primary laparotomy for ruptured tubal pregnancy an idea may be had of the headway abdominal section for tubal pregnancy has made on this side of the Atlantic, and of the future which seems in store for the further development of Mr. Tait's teachings and methods in this country.

ANTIFEBRIN.—The name of antifebrin has been given to a comparatively new drug which seems destined to fulfil a most useful rôle as an antipyretic agent. We learn some interesting facts concerning this agent (*British Medical Journal*, Feb. 12, 1887) derived from reports published by Drs. Cahn and Hepp in the *Centralb. f. d. Klin. Med.*, 1886, No. 23, and in the *Berliner Klin. Wochenschr.*, 1887, Nos. 1 and 3. Antifebrin is produced by the action of heat upon aniline acetate, one molecule of water being driven off. It is a light crystalline powder almost insoluble in water, but easily soluble in alcohol, ether, brandy or strong wine. It may be administered suspended in water as its taste is not bad. Its action in reducing temperature is certain. It is four times as strong as antipyrin in its effects and does not cause vomiting. It causes no cerebral disturbance. It promotes the appetite, and has the further advantage of being very cheap. Antifebrin was administered in fifteen grain doses every morning by Drs. Cahn and Hepp in twenty-four cases of fever. The temperature began to fall in about an hour after administration and continued to fall for about three hours longer; it then gradually rose again. In a further series of cases, sixty in number, including twenty-nine of typhoid fever, six of erysipelas, two of croupous phneumonia, four of acute rheumatism, six of phthisis, two of pleurisy, two of pyæmia and two of septicæmia, observed by Drs. Cahn and Hepp,the same reduction of temperature was noted. It was also observed that as the temperature fell the skin reddened and there was perspiration; the pulse became less frequent and arterial tension was increased.

It was observed that a dose given early in the day had a more potent effect than when given in the evening. A good dose at one time is considered better than small doses frequently repeated. When the temperature has been brought to the normal by a daily morning dose of fifteen grains for two or three days consecutively, it was observed that small doses of two or three grains daily were sufficient to keep it low afterward. Drs. Cahn and Hepp repeatedly took one to two grammes daily without effect, and one patient took 46 grains daily for a week without the least discomfort. The drug seems devoid of danger when taken within the limit of 90 grains daily.

Antifebrin was observed to produce no irritation of the urinary passages. In some cases of albuminuria, the albumen disappeared during the use of the drug, in others not till the patient was free from fever.

The patients were observed to feel much better after having taken antifebrin and the mind was cleared to a remarkable extent. The influence of a drug in reducing the frequency of the

pulse and raising the arterial tension is considered one of its chief advantages.

Whilst antifebrin has such marked antifebrile effects its action is more or less of an evanescent character which must be combatted by its administration in carefully repeated doses. So far as is now known it is superior to kairin, antipyrin and other antipyretic agents.

Miscellany.

Depopulation of France.—M. Rochard, Member of the Academy of Medicine, in a lecture given at the Sorbonne on the depopulation of France, showed, by the returns of the last census in the provinces, that the districts where the rates of increase were greatest were in general the poorest, and that rich provinces like Normandy were fast sinking.

This falling off of the population, added to increasing foreign immigration, was a serious matter for France; yet the annual death-rate was steadily decreasing, and had fallen from 27.5 per mille at the beginning of the century to 22 per mille. In reference to the question of child-mortality, the lecturer explained that it was chiefly attributable to neglect and insufficient food. He believed that, contrary to the opinion held by Darwinians, it was not the worst constituted children that died, but rather those who were improperly fed, as no constitution could stand insufficient diet. He believed that a stringent system of inspection would do much towards diminishing the death-rate among infants. If the very moderate statement that infantile mortality could be reduced by about 20 per cent. were accepted, that annual increase in the population would then rise from the present figure, which was 2.5 per mille, to 5 per mille. At the present rate, England will, in five or six years, notwithstanding emigration, have as large a population as France.—*Br. Med. Jl.*, Jan. 29, 1887.

Chloral Hydrate as a Vesicant.—Attention has quite recently been called to the fact that, for blistering purposes, chloral hydrate is fully as efficacious as cantharides, while it is free from the inconveniences attending the employment of this latter agent. The chloral should be reduced to a powder, and a layer of it placed on a piece of common adhesive plaster, taking care to leave a margin between the edge of the layer of chloral and of the plaster. This is then warmed over a gas-jet until the chloral becomes discolored and melts, when it should be immediately applied on the spot for the operation, the skin covering which is to be anointed beforehand with olive oil or lard. The anæsthetic properties of the chloral prevent any unpleasant sensation, and fifteen minutes is the maxim period of time during which the application may be continued. If the above-mentioned precaution be taken of anointing the skin, its vitality is retained, and the presence of an open wound is avoided, the skin adhering again as soon as the exudation is evacuated. Another advantage consists in the absence of the risk of poisonous effects consequent on absorption, a by no means uncommon sequel to the use of cantharides.—*Medical Press*, October 13, 1886.

Ulcer of the Leg Caused by Potassium Bromide.—Dr. W. H. Haynes, of this city, writes that he has observed ulcers of the leg following the continued use of bromide of potassium, similar to the case reported by Dr. Amidon at a meeting of the Pathological Society. He has succeeded in curing the ulcers and preventing their return by administering small doses of Fowler's solution at the same time with the bromide. In addition to the use of arsenic internally, oxide of zinc ointment was employed as a local application.—*Med. Rec.*

Intestinal Displacement a Cause of Dyspepsia.—M. Glénard, a Vichy physician, believing that displacements of the intestine, or "enteroptoses," are a good deal more frequent than is generally supposed, and that they are, indeed, a common cause of dyspepsia, has been in the habit of examining the dyspeptic and neurotic patients who consult him by making them stand up and then

going behind them and pressing on the abdominal wall when in a relaxed condition. If this produces a distinct alleviation of the discomfort he considers that enteroptosis is present, and orders a binder, which in these cases gives great relief, only lasting, however, while it is actually worn. A discussion on this subject has just taken place at a meeting of a Paris Medical Society, but M. Glénard did not find many of his colleagues prepared to accept his views.—*Lancet*, Jan. 15, 1887.

Micro-Organisms in Air.—In a recent communication to the Royal Society, Dr. Percy Frankland described a new method of examining air for micro organisms. It consists in aspirating a known volume of air through a glass tube containing two sterile plugs of glass-wool alone, or of glass-wool with fine glass-powder, etc., the first plug being more pervious than the second.

These plugs are then transferred to sterilized liquid gelatine peptone, and thoroughly agitated with it, and then the gelatine is congealed, so as to form an even film over the inner surface of the flask. The number of colonies which develop are then counted. The great advantage of this plan is its simplicity and accuracy.—*Brit. Med. Jour.*, Jan. 15, 1887.

Heat-Strain and Weak Heart.—In a paper on this subject (*Med. Record*, Feb. 26, 1887) Dr. Beverley Robinson, of New York, offers the following conclusions:

1. There is a class of cardiac disease to which the names of "heart-strain," "heart over-strain," or "weak heart," may be properly given at the present time, and until this class has been more carefully subdivided.

2. In this class are now included cases in which there are no marked physical changes, and in which the symptoms alone indicate cardiac weakness.

3. In many case the physical cardiac changes are more or less marked, and usually show some dilation, joined or not with slight or moderate thickening of the ventricular walls, and accompanied or not with mitral or aortic incompetency.

4. There are cases in which the heart is obviously somewhat enlarged, although there never have been any morbid symptoms which showed cardiac weakness.

5. The causes of these affections are numerous; among them, however, prolonged or excessive physical exertion is often, although not always, prominent.

6. In some cases the disorder seems to be one more of neurosal than muscular deficiency, and may affect the function of the pneumogastric nerves, the sympathetic or the intracardiac ganglia.

7. In several instances the causes of cardiac disorder are very obscure or wholly unknown; and in such instances we must admit the existence of a *weak heart* primarily, that is sometimes first recognized suddenly and without premonitory indications which shall enable us to foretell such condition of cardiac debility.

8. Absolute or relative repose, appropriate diet, change of scene, chalybeates, cardiac tonics, counter-irritation, etc., employed judiciously, will do much in most cases to restore real or apparent cardiac vigor for a shorter or longer period.

Diagnosis of Incipient Carcinoma of the Cervix Uteri.—Stratz regards the diagnosis of this condition as difficult and mentions the usual signs of profuse menstruation, profuse discharge, moderate pains not incompatable with the patient's age, symptoms not extremely grave in themselves, but which may indicate future danger.

While the microscopic examination of a portion of the tissue gives decisive information, there are macroscopic appearances which Stratz describes as pathognomonic. They are:

1. That the diseased tissue is sharply differentiated from the healthy.

2. This difference is especially well marked at the borders in the whole circumference of the suspected portion.

3. The diseased tissue is light yellow in color.

4. On isolated portions of the patho-

logical tissues are small, whitish, glistening kernels.—*Med. News.*

Thinking and Working.—In our present system of education—now happily passing away for a better one—we want one man to be always thinking and another to be always working; and we call the one a gentleman and the other an operative; whereas the workman ought often to be thinking and the thinker often to be working, and both should be gentlemen in the best sense. As it is, we make both ungentle, the one envying, the other despising, the other; and the mass of society is made up of morbid unhealthy thinkers and miserable workers. It is only by labor that thought can be made happy; and the professions should be liberal, and there should be less pride felt in peculiarity of employment, and more in the excellence of achievement.—*The Popular Science News.*

Medical Literature of the Future.—Dr. Flint in his address "Medicine of of the Future," said: "The time may may come when fewer books will be written to impress upon credulous readers the superior attainments and skill of their authors as practitioners in some special province of medicine." It is to be noted that the eminent physician simply suggests this as a possibility, not venturing to offer a prediction to that effect.—*Cour. of Med.*

An Emmenagogue Powder.—Potain uses this formula: Powdered artemisia leaves, powdered milfoil, each, 38 grains; powdered saffron, 19 grains. Mix and divide into five powders. In cases of amenorrhœa, give one powder daily for five days before the expected period.—*Med. Digest.*

Pain in Cancer of the Stomach.—Germain Sée gives the following formula for the relief of pain after taking food in cases of gastric cancer.

℞ Tinct. Conii; Tinct. Hyoscyami; Ol. Anisi, āā ʒij; Tinct. Gentianæ, ʒj. S. Ten to thirty drops after meals.—*Weekly Med. Review.*

Salicylic Acid and Iron in Rheumatism—Dr. George L. Peabody treats his acute articular rheumatism in New York Hospital with the combination:

℞	Acidi salicylici	grs. xx.
	Ferri pyrophosphatis,	grs. v.
	Sodii phosphatis	gr. l.
	Aquæ	℥ ss. M.

The dose which is described in this formula is given every two hours until improvement justifies a diminution in the frequency, or until constitutional effects are pronounced.—*Epitom.*

Comparative Virulence of Tuberculosis and Scrofula.—At a recent meeting of the Académie des Sciences, M. Arloing made some remarks on the virulence of tuberculosis and scrofula. He had already shown that pulmonary tuberculosis infected guinea-pigs and rabbits, while true glandular scrofula had no effect on the latter animal. M. Arloing now inquired whether the virulence of scrofula might not be increased to such a degree as to permit the infection of both these animals. Experiment proved that the passage of scrofula through two generations of guinea pigs did not increase its virulence in respect to the rabbit, and did not perceptibly modify its action upon the guinea-pig itself. The organism of the guinea-pig, on the other hand, augmented the virulence of the weakened tuberculous virus. This fact shows that there is a decided difference in the two diseases, although it has not yet been proved that they are caused by two distinct kinds of virus.—*British Medical Journal*, February 12, 1887.

Great Men and Their Diseases.—Gibbon the historian, had one of the largest hydroceles on record; Benjamin Brodie had a malignant disease of shoulder-joint; Pirogoff a sarcomatous epulis of jaw; John Hunter a rupture of the tendo-Achillis; Napoleon a cancer of the stomach; Sir Astley Cooper a fractured fibula; Cæsar and Byron were epileptics; Hodgen died from a perforation of the gall-bladder, the article on

which in Holmes' Surgery he had shortly before revised.—*Cour. of Med.*

PALATABLE TEREBENE.—The following formula is said to produce a good mixture, and is not unpalatable.

℞. Terebene, 1 part; glycerine, spt. vini rect., syr. simpl., āā 15 parts.

M. Ft. mist. A dessertspoonful for a dose.—*Med. Rec.*

Medical Items.

Cincinnati, it is said, will shortly have a Woman's Medical College.

Dr. John S. Billings, has been appointed Lecturer on the History of Medicine at Harvard University for the current academic year.

The commencement of the Baltimore Medical College will take place on March 15th. Mr. Lee Pembroke Thom, of this city, will deliver the address to the graduating class.

To Dr. O'Dwyer, of New York, is said to belong the claim for priority in the operation of rapid divulsion of the vocal cords for the cure of laryngostenosis. This claim has been made for Dr. Loreta, of Italy.

A doctor's bowling club has been organized in New York City. *The Medical Record* says, "The members are as skilful with the balls as with the boluses, and many a ten strike results.

Antipyrine is not only a valuable antipyretic, but is useful in other conditions. It is said to have remarkable power in controlling headache and is highly recommended as a dressing for indolent ulcers. It has also been employed as a hæmostatic and as a hypnotic.

St. Louis has been lately blessed by the arrival of a Chinese doctor, who offers to break his own arm if another surgeon will do the same, and then prove the superiority of his treatment over that of the other—*Medical Review.*

In a recent paper by Prof. von Nussbaum, of Munich, on "Erysipelas," the author speaks very highly of the use of ichthyol, in the form of an ointment, made of equal parts of ichthyol and vaseline, to be painted over the whole erysipelatous area, then covered with ten per cent. salicylic lint, and fixed with a gauze bandage. In erysipelas of the face ichthyol collodion is to be preferred, and on the hairy scalp, ichthyol soap.—*Boston Med. and Surg. Jour.*

It is stated that a few days since a woman dressed in rags applied at the Boston City Hospital for surgical treatment for a scalp wound. The customary search of her person revealed several bank books, representing $7,100 in Boston banks, $1,000 in bonds, and about $300 in cash—all hidden about her clothing.—*Ex.*

At the recent examination of medical students at St. Petersburg, fifty four ladies obtained the medical diploma. The thirty-eight female students who have entered their names for the next examination will be the last to be admitted to the Russian School of Medicine for Women, that establishment being about to be closed after an existence of fourteen years.

The next annual meeting of the American Dermatological Society will be held in this city on August 31st, and September 1st, and 2d. Drs. I. E. Atkinson, G. H. Rohé, and R. B. Morison, of this city, are members of the Association. Dr. Morison is Vice-President of the Association for the current year.

Some years ago, Louis Audenreid, a wealthy coal merchant, of Philadelphia, grateful for surgical services rendered by Prof. Forbes, of the Jefferson Medical College, left $60,000 to any hospital designated by the Professor. Some time ago Prof. Forbes was elected to the chair of Anatomy in the Jefferson, and he has recently designated the Medical Hospital attached to that college as the recipient of Mr. Audenreid's bounty.

Both branches of the Baltimore City Council have confirmed the following as vaccine physicians: First and second wards, N. L. Dashiell, Jr., M.D.; third and fourth, C. F. Maguire, M.D.; fifth and sixth, Frank A. Sauer, M.D.; seventh and eighth, John B. Schwatka, M.D.; ninth and tenth, Louis H. Horn, M.D.; eleventh and twelfth, Thomas P. McCormick, M.D.; thirteenth and fourteenth, L. R. Wilson, M.D.; fifteenth and sixteenth, Ellis Micheau, M.D.; seventeenth and eighteenth, O. A. Cooke, M.D; nineteenth and twentieth, J. D. Norris, M.D.

Emin Pasha, for whose relief Mr. Henry M. Stanley recently left England for Equatorial Africa, is no less a man than the celebrated Dr. Hermann Schnitzler, better known as Emin Bey, and Surgeon-General of the Equatorial Provinces under Chinese Gordon. He succeeded Gordon in the governorship, and has been engaged in bringing a barbarous region into a state of civilization. He has now been shut off from the outer world or three years by the barbarians to the north of him. He is a great linguist, and in addition to his medical learning has an intimate acquaintance with geology, botany, meteorology, anthropology, geography, etc. The little leisure which he has had for the past five years has been devoted to the sick.—*Journal of Amer. Med. Association.*

Original Articles.

ARE NOT THE ORGANS CONTAINED WITHIN THE ORAL CAVITY PARTS OF THE HUMAN ECONOMY, AND IF SO, HOW CAN THE TREATMENT OF DISEASE IN THIS LOCALITY BE CONSIDERED OTHERWISE THAN AS A SPECIALTY OF THE GREAT HEALING ART, AS COMPREHENDED IN THE TERM, MEDICINE?*

BY B. MERRILL HOPKINSON, D.D.S., M.D., OF BALTIMORE.

In the January number of the *Independent Practitioner*, published in Buffalo, N. Y., a paper appeared, which had been read before the New England Dental Society, by one of the supposed leading men in our specialty in this country, in which he boldly asserts, "Dentistry is not a Specialty in Medicine." I cannot allow such a statement to go unchallenged, and while I am sure there will be many men far more able than I, who will satisfactorily *answer* his paper, I feel it my duty as a graduate in dentistry and in medicine, as a dentist and as a specialist in medicine, to enter my protest. For *any* individual, be he ever so stupid concerning matters of general education, who had given any time or thought to the relationship between the various branches of medical science, to make such a statement would surprise me, especially if he were to do so after maturing in that portion of his anatomy, he is pleased to call his brain, such ideas as he might have power to bring to bear upon this subject; I say for such an individual to make such an assertion would be a matter of great surprise to me, but, for a man who has the natural ability and talent, to which may be added superior opportunities for advanced study and learning as the gentleman of whom I speak, for such an one to make such a blunder, I can only say that it is most extraordinary and incomprehensible. What can be the reason, in the name of all that is good, for such a course on the part of our distinguished brother? In glancing at his paper I find that he adds only the honored degree of D.D.S., to his name, and the presumption is that he is not a doctor of medicine. Now as a matter of course a man cannot *properly* be a practitioner of medicine or any department thereof, unless he bears the distinctive degree of M.D., and a man is not in the fullest sense a specialist in medicine unless he has legally been made a doctor thereof. This is a positive reason doubtless, why the doctor does not regard himself a specialist in medicine, and so far as he is individually concerned, we will grant him his supposed honor of not being one. Can any man then who is not an M.D. be regarded as a specialist in medicine? Strictly speaking he cannot, but because any individual has not the time or inclination to become an M.D. it does not follow that dentistry in its highest sense and application is not a true department of the great healing art, and I will endeavor to show that it is as much a department of medicine as ophthalmology, otology, laryngology, or any other department, all of which are acknowledged by both profession and laity alike to be specialities. The eminent gentleman should indeed receive the felicitation of all men for his happy frame of mind, for while he says he is not in *any sense a specialist* in any science or art, he feels that he is master of a profession far out rivaling all others in magnitude, and scope for doing the greatest good, a connection with which will elevate all who enter its sacred councils, one demanding for its proper practice a knowledge of all the arts and sciences, and more than all, should any other branch of science, more especially medicine, by some happy combination of circumstances become associated with it, such association would be the means of elevating and placing medicine upon the same glorious pedestal where it would shine grandly, but only by reflected light. We congratulate the doctor most heartily and wish him many years of continued and unalloyed happiness in

*Read before the Maryland State Dental Association, February 10th, 1887.

the possession of his *theory* which he so ably advocates, but while we vouchsafe him the above wish, we will endeavor to show that his premises are false and wholly untenable. What is the reason that there should exist at the present time *the occasion* for asking the question, is dentistry a department of medicine? That question can be answered most easily, but in order to do it I must take you back, for a few minutes, almost half a century. There are at this day living witnesses to the fact that before Chapin A. Harris, M.D., founded the B.C.D.S., he made mighty efforts to have regular chairs of dental surgery established in the faculty of the medical department of the University of Maryland, so that the science and art of dental surgery might not be separated from its parent, medicine, but he made at its birth, so to speak, a special department thereof. Dr. M. A Hopkinson, who has grown gray in the practice of his chosen profession, was a cotemporary, indeed he was a private student and personal friend of Dr. Harris, and he is my authority for the above statement; indeed the fact is so well known, that I hardly need cite an authority. It is very evident that Dr. Harris recognized the fact, *almost fifty years ago*, that dentistry was a department of medicine, but being denied admission to the medical faculty of the University, and being a man with firm convictions and an established purpose, there was nothing left for him to do but join with his colleagues and found a separate school of learning, the necessity for which he sadly deplored. We will admit that their action and work were noble, that the results have been grand, but who can tell how much grander the results might have been had their first proposition been carried out as intended. What shall be said of the medical faculty of that day? Let us pass their action by in silence, or content ourselves with saying that perhaps the time was not yet ripe; indeed we can truly say the full harvest *is not yet* to be gathered, and *will not be* until the time shall come when there shall be no separate dental schools, but when all men who propose to limit their practice to the diseases of the oral cavity shall be regularly educated as doctors of medicine, which shall be the only degree necessary for all branches, taking at the same time such special instruction as will be needful for them successfully to practice their specialty, and in addition to this, such post graduate courses as may be requisite, doing in fact as other students do, who study and practice other specialties. So much for the original places for which dentistry was intended.

I will venture a prophecy just here, and while I am not gifted in the matter of foretelling coming events as were some of the ancient prophets, I believe I have enough of the gift of prophecy to be able to forecast the coming of such a happy time as I have portrayed concerning the education of our future dental specialist. I sincerely trust that I may live to see the day; if I do, I will with Simeon of old chant my Nunc Dimittis and lie down to rest in peace. I have shown you gentlemen why there exists at this time *the occasion* for a difference of opinion concerning the proper place for dentistry, and we will see if the original idea of its founders, as a science and art, are not as true to-day as they were nearly fifty years ago. Let us look at the title of my paper. It reads, Are not the organs contained within the oral cavity parts of the human economy, and if so, how can the treatment of disease in this locality be considered otherwise than as a specialty of the great healing art, as comprehended in the term, medicine? How absurd it seems as a matter of fact, *of fact* I say, not because of a semi-established precedent or by force of circumstances, for us to take the organs of incision and mastication, insalivation and deglutition, make a special study of them, combine with this a hurried and perfunctory study of certain other parts of general medicine, add to this a certain amount of mechanical study and manual dexterity, go through the form of a final examination, receive a diploma and then feel that we are prepared to practice a department of the great healing art, in short feel that we can take just as much of the human body as we see fit, study those parts, separate them from

the whole, and from a distinct profession! To me there can be nothing more absurd, and such a profession so-called, and so acquired, is to my mind on a par with that of the corn doctor, the pile doctor, and those worthy gentlemen who proclaim to the world their ability to perform all sorts of wonders in the way of curing all diseases of a private and painful nature. Gentlemen, the day for that sort of thing is past and gone, and we should all devoutly thank God for it. The student of this day and generation, in our University Departments at least, is required to have as good an education in anatomy, physiology materia medica and therapeutics, as the student of general medicine, and he is required as well, to pass a similar examination. What a wonderful stride toward the fulfillment of my prophecy! Far be it from me to wish to derogate one jot or tittle the high standing of my Alma Mater in dentistry, but to show how the curriculum of the student is altered, comparing then with now, I will make a few comparisons. My professor of chemistry in my dental course was also my professor of materia medica and while he was endowed with many characteristics of both scholar and gentlemen, he was so unfortunate as to be too fond of the brewings of the jolly god Bacchus; was often absent, and frequently, when present, was not in condition to instruct a class of students. I think I can truthfully say, I did not hear a lecture on materia medica during my dental course, or at least not from that chair, and what I learned of this branch of study was mainly from individual labor. My professor of anatomy was also my professor of physiology, and while he labored faithfully and earnestly to do his duty, a most unprejudiced observer will see that the field is far too vast for one man to accomplish a satisfactory result in either branch. Look with me at these branches as taught in our University. Each one is in the hands of a competent professor, a man standing deservedly high in his special chair and each dental student has the same opportunities as the students in general medicine, and not only has he the same same opportunities, but he is obliged at the end of his course of study to be *as proficient*. I speak of these things to show you what a grand advance has been made and to ask you if such a change has taken place in seven years, what may be, nay *what are*, not only the possibilities, but the probabilities, for the succeeding fifty years? I have shown that the fundamental branches of medicine are taught to medical and dental students alike, and I contend that the day *will come* when the *theory* of the principles and practice of dental surgery will be added to the curriculum of the medical student, just as soon as the other branches of general medicine are added to that of the student of dental surgery. I shall be very glad if Dr. Kingsley or any other gentleman will simply answer the question as contained in the title of this paper. To me it appears unanswerable and I cannot understand how the proposition, as expressed, can fail to be subscribed to by all reasonable and sensible men. His paper reads to me like the production of an individual who had been, for some reason or other, snubbed and trodden upon by some weak, bigoted, narrow minded man or men, owning the title of M. D., and I am sorry to say there are many such, and instead of laughing to scorn such silly and puerile attempts at the assumption of greatness, he allows the attack to sink deep into his heart, and as a supposed revenge, vents his spleen upon the whole profession, by seeking to belittle it in the exaltation of his pet, "the dental profession" using shall I call them arguments, to prove that the study and practice of a grand department of the great healing art is a separate and distinct profession; merely by reason of certain fortuitous circumstances, in a more bigoted and less enlightened age, those who had the power and privilege of admitting us to their councils, declined so to do, and forced us to establish schools of our own. I also am proud of my chosen department of practice, proud in the thought of its present exalted position, proud of the good I have accomplished in a modest and quiet way, in the treatment of my fellow beings in distress, and most happy when

I look forward and think of the possibility of my accomplishing greater things in the time to come, but I say frankly I was not satisfied with having acquired simply a degree in dental surgery, highly honored as it is, although I labored faithfully and conscientiously during my college course so that in the end I might feel as though I had earned it, and I am sure I derived all the benefit it is possible for a student to derive from such a course of study. I say I was not satisfied, so I immediately began to think of obtaining my degree in medicine, which in due course of time I did obtain from our old and honored University; and in so doing realized all my past ideas of what a true dental specialist should be. There is naturally a division at this time, upon the subject under consideration, and all those interested may be placed in one or the other of the following classes; first, those firmly believing dentistry to be a true department of medicine, viz.: graduated doctors in medicine, with perhaps here and there an exception; and second, those equally firmly holding opposite tenets, viz.: non-graduates of medicine; and yet, there are *many* men who occupy positions in the latter category, from force of circumstances, or other reason, who *do* feel that they practice a branch of medicine, for the reason that they fully agree with my proposition, viz.: the title of this paper. In the pursuance of this subject, whatever side we take in the controversy, I beg that, whatever may be said will be devoid of slur and sarcasm, and had Dr. Kingsley omitted much of his article written in this vein, he would doubtless have been read with greater attention and interest. In conclusion, and I fear I have occupied your attention beyond the limit of patient listening, and yet have not said all I desire, I will call your attention to an advertisement upon the last page of the Maryland Medical Journal, headed, University of Maryland, School of Medicine. Then follows the word Faculty. Among the list of names, to be found in that faculty, are those of the professors who are specially engaged in teaching those branches pertaining to the study of dental surgery. Why are those names there?

Is it a straw which shows the direction of the whirlwind, the first gentle breezes of which are only now felt, but which in time will come in all its grandeur and might to sweep away all dissension and difference of opinion, driving from the minds of those who are unable now to comprehend or grasp the situation, the mist of uncertainty, which hangs before them like a fog before the eyes, leaving the horizon clear and bright, when will be seen our grand and noble department, not standing alone, but after many years of toil, ever upwards, placed once for all in its unity within the fold, and as a true and worthy child of its rightful parent medicine?

5 W. Saratoga Street.

COMPARATIVE RESULTS IN THE TREATMENT OF HÆMORRHOIDS BY HYPODERMIC INJECTIONS OF CARBOLIC ACID, "VERSUS" THE CLAMP AND CAUTERY.

BY SAMUEL T. EARLE, M.D.,

Rectal Specialist at the Baltimore Polyclinic.

So much has been said and written about the advantages of the treatment of hæmorrhoids by injections of carbolic acid, and so little about its disadvantages, I thought a comparison of results obtained from this, with some other recognized plan of treatment would probably best show its true merits. Having used with a great deal of satisfaction in the treatment of these cases the clamp and Paquelin cautery, I have selected from my case book ten cases, five of which were treated by injections of carbolic acid, and five by the clamp and cautery. These cases have been selected without regard to the amount of credit or discredit they reflect upon one or the other treatment, but to show the kind of cases best adapted to the use of carbolic acid injections.

Case I.—W. presented himself for treatment of hæmorrhoids Feb. 16th, 1886. Found on examination a medium-

size intermediate hæmorrhoid, which had caused him a great deal of pain whenever it became inflamed. I injected it with a 15 per cent. solution of carbolic acid in glycerin and water, which gave rise to sufficient pain and inflammation to confine him to bed for several days. I repeated this injection several times at intervals of about a week for several weeks, but without subsequently producing much pain, when the hæmorrhoid disappeared, and the patient has since remained well in this respect.

Case II.—Mr. T., who had suffered with hæmorrhoids for about thirty years, presented several large hæmorrhoidal tumors protruding from the anus together with some prolapsus of the mucous membrane. Commenced the treatment of his case March 30th, 1885, with hypodermic injections of carbolic acid. I varied the strength of the solution used from time to time, from 16 to 33 per cent. They were continued at intervals of about ten days to July 23rd, 1885. Several times the injections were followed by sloughs in the tumors, but never produced much pain. At the end of this time, although the patient expressed himself as having been greatly benefited, there was really very little decrease in the size of the tumors. There was, however, for some time a decided decrease in the amount of mucus, which had formerly gradually exuded from the anus, giving rise to considerable irritation in the surrounding parts. This improvement in his annoying symptoms continued until the Spring of 1886, when he again applied for relief. After again resorting to the same means with no more decided or permanent benefit, I determined to try with him the clamp and cautery, and with what results this report will subsequently show.

Case III.—Mr. C. presented himself for treatment in the Fall of 1885. Until the last few years has been very intemperate. Has sufferred with hæmorrhoids for the last thirty years, frequently loosing a great deal of blood from them. Found both hæmorrhoidal tumors, and simple hæmorrhoids constantly protruding from the anus, together with some prolapsus of the mucous membrane. Treated him for fully four months with hypodermic injections of carbolic acid used at intervals of about ten days. The strength of the solutions used varied from 16 to 50 per cent. The hæmorrhages were entirely controlled soon after commencing the injections, nor was their administration attended with any pain. Although the patient expressed himself as being decidedly better at the time the treatment was discontinued, there was very little change in the appearance of the parts, except for some shrinking that they had undergone.

Case IV.—Mr. G. presented himself for treatment Feb. 17th, 1886. Found on examination one large internal hæmorrhoid with several erosions on its mucous surface, from which he lost a small amount of blood with each fæcal evacuation. Injected it with a 33 per cent. solution of carbolic acid, which was followed by a very little pain.

Feb. 19th. Finding very little change in the hæmorrhoid injected it with a 50 per cent. solution of the acid. This caused even less pain than the first injection, and although it did not produce a slough, was followed by a decided decrease in the size of the hæmorrhoid.

Feb. 26th. Finding it had increased in size since I last saw it, injected it again with the 50 per cent. solution of the acid. Neither pain nor a slough followed this.

March 8th. Used the same injection, which was followed this time by both pain and a slough. When the slough separated I treated the ulcerated surface with powdered iodoform every alternate day until May 1st, 1886, when he was discharged well, and has remained so up to the present time. Please note in this case that no permanent good resulted until after a slough had been produced.

Fifth and last case treated by this means, Mrs. H., who had suffered with hæmorrhoids for some years, presented herself for treatment. On examination found three large internal hæmorrhoids protruding from the anus, having been brought down by an enema of warm water. Aug. 1st, injected one of the

hæmorrhoids with a 33 per cent. solution of carbolic acid. This was followed by considerable pain, which lasted for several days. The following week injected another with the same strength solution which did not cause any pain. August 14th. Found the first one injected had diminished in size very much, but the second had not, and as the third one was also presenting prominently, departed from my custom and injected two at the same sitting with the 33 per cent. solution. These were followed by very severe pain, which continued unabated, except at intervals, for three weeks, in spite of suppositories of opium and belladonna. A slough resulted which left an irritable ulcer, hence the severe pain. Not until the end of this time could I prevail upon her to let me use any operative measure for her relief. I then partially divided the sphincter ani subcutaneously with a tenotome, under the influence of cocaine. Subsequently treated the ulcer with iodoform for about two weeks when it healed and she went on to do well. She has been almost, although not entirely, relieved, still suffering some little with them just before the appearance of her menses. I have purposely given the details of the treatment by this method in order to show that I have in the main carried out the directions generally laid down for this plan of treatment.

It will be seen from this report that only two of the five cases were entirely cured, and they were of the moderately severe internal type. The third, which was a severe case of the same variety, was not entirely relieved, but probably would be if the treatment was continued; and the last two were only temporarily benefited, except that in one the hæmorrhage was entirely and permanently relieved. These last two were cases of hæmorrhoidal tumors, a condition which results from repeated attacks of acute inflammation in the hæmorrhoid. I think we may justly infer from these results that this plan of treatment is best adapted to moderately severe cases of internal hæmorrhoids, and that its use is not so free from severe pain as is generally supposed. The solutions of the acid used were made from a pure article, and care taken to make them fresh whenever they showed evidences of deterioration by a change in color from age.

We now come to the cases treated by the clamp and cautery.

Case I.—H. A., col. female, æt. about 50 years. Having an acutely inflamed internal hæmorrhoid, the result of an injection of a 33 per cent. solution of carbolic acid into an internal hæmorrhoid five days previously decided to remove it and whatever others I might find internally. As this was very sensitive I questioned the efficacy of cocaine to give her a painless operation, although subsequent experience has shown it to be perfectly satisfactory in just such cases. I etherized her—Dr. A. B. Giles kindly attending to this part of the preliminaries—divided the sphincter ani subcutaneously with a tenotome to avoid tenesmus, and then removed two external and one internal hæmorrhoid. This was followed by very little hæmorrhage, and after washing the parts with a solution of hydrarg. bi chloride, I left her comparatively comfortable, with instructions to use a suppository of opium gr. i, and ext. bellad. gr. ½, every three or four hours in case she suffered much pain. She did find it necessary to use these occasionally for about thirty-six hours, which had the effect of keeping her quite comfortable. Being unable to treat these sores resulting from the use of the clamp and cautery strictly antiseptically, I made the best effort I could under the circumstances to accomplish it in this, as in all subsequent cases, by ordering frequent injections of a solution of hyd. bi-chlo. 1-2000 into the rectum. The quantity used each time was only about two drachms, and made by a very small glass syringe. Her bowels were moved the third day by a dose of mist. gly. comp., on which day she also sat up for a short while. After this she was about her room every day, and on the seventh day was allowed to go out. Have not heard the slightest complaint from her since.

Case II.—G., white female, æt. about

36 years, presented herself for treatment of hæmorrhoids, from which she had been suffering for several years. On examination found a large intermediate hæmorrhoid protruding from the anus. It had been brought down by a warm water enema taken by direction just previous to my visit. I advised its immediate removal, to which she consented. This was done by the clamp and cautery under the influence of muriate of cocaine administered hypodermically around the anus, and was a painless operation. I also ordered in this case the solution of hyd. bi-chlo., to be injected in very small quantity three or four times daily into the rectum. Nothing else was used and she went on to recover without scarcely a pain. Bowels moved twice on the morning of the third day in consequence of a laxative pill taken the previous night. Was about her room the third day, and out on the seventh or eighth. Have not heard any thing from her since.

Case III.—The same as case ii under the report of those treated by injections of carbolic acid. As there stated it was a case of hæmorrhoids with some prolapsus, of about thirty years standing. Had been treated at intervals for more than a year by injections of carbolic acid without material improvement. I decided to remove them by the clamp and cautery, which I did painlessly under the influence of cocaine. Being old and feeble he lost more blood after removal of the first, than any on whom I have operated before or since, but do not think it amounted to more than an ounce. I removed from this gentleman three large hæmorrhoidal tumors. On account of the slight prolapsus in this case could apply the solution of hyd. bi-chlo. directly to the cut surfaces by keeping a piece of sponge wet with it partially within the anus, which I did. He made a good and uninterrupted recovery. Was able to be about his room the third and out attending to business the ninth day. Has had no farther trouble with his hæmorrhoids, and the contraction has also reduced his prolapsus to a slight puckering around the anus, being the redundant folds of skin.

Case IV—H. R., colored, male, about 40 years old. Had several large internal hæmorrhoids, one of which become inflamed several weeks before, sloughed, and left behind an ulcer. I determined to remove those that remained by the clamp and cautery, hoping the ulcer already there would heal under the influence of the solution of hyd. bi-chlo. to be used on the sores resulting from the removal of the others. I did remove them under the influence of cocaine without producing pain, and ordered for him the usual injection of hyd. bi-chlor. to be used three or four times daily. On account of the irritable condition of the anus due to the previously existing ulcer, he suffered more pain after the operation, than is usual, which, however, was easily controlled by small doses of morphia and passed off after several hours. On the morning of the third day found him doing very well having had a free evacuation from his bowels without producing pain. On the morning of the sixth day found him suffering some pain and tenesmus from having purged himself considerable by taking unadvised by me some pulv. mist. gly. This, however, was soon controlled by a small quantity of morphia and he went on to recover without any farther trouble and was allowed out on the ninth day. There was no further trouble with the ulcer.

Case V.—S. S., colored, æt. about 20 years, presented herself for the treatment of an acutely inflamed hæmorrhoid, which was exquisitely sensitive and very painful. I determined to remove it by the clamp and cautery under the influence of cocaine, although I doubted the power of the drug to give a painless operation under such painful conditions, but it succeeded in doing it almost completely. The patient suffered some little after coming from under the influence of cocaine, but not as much as she had done before the operation and it passed off almost entirely with the close of the first day, and on the morning of the third day found her perfectly comfortable. I had kept the solution of hydr. bi-chlor. applied, and as there was only a small external sore remaining, al-

lowed her to get up that day. Have heard nothing further from her. The results in these cases speak for themseves, and we find in this mode of treating hæmorrhoids, a painless, speedy, sure, and permanent plan of relieving them.

While not intending to imply for a moment that the comparative treatment should be definitely settled upon results obtained in such a few cases, although I could multiply them, yet think we may fairly conclude from them that carbolic acid injections are not the best plan of treating many forms of hæmorrhoids, and hope this report will help us to decide those best adapted to its use.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING, HELD FEB. 4, 1887.

The President RANDOLPH WINSLOW, M.D., in the chair.

Dr. J. H. Branham read the notes of a case of

CHRONIC CERVICAL ABSCESS.

Thos. Anderson, white, æt. 21 years, born, in Baltimore, father killed, mother died from causes not known to the writer. Three sisters all enjoying good health. Five years ago the patient suffered from disease of the fifth metatarsal bone on the left side. This resulted from an injury. After removal of the dead bone the wound healed rapidly. About three years ago the patient had a fall and struck upon his left mastoid process, which resulted in much local swelling, pain, and more or less discharge from the ear. About a year later a large abscess opened in the side of the neck and has been discharging ever since. On 25th of June last, the opening was enlarged and the abscess cavity explored. A small piece of exfoliated bone was found in the most dependent part of the suppurating tissues. There was no bare bone found, but this peice must have come from the mastoid process, which was partly gone. The original seat of disease had been relieved by nature, and this exfoliated bit of necrosed bone had kept up the trouble. The cavity is rapidly filling.

The doctor does not consider the process of tuberculous origin.

Dr. Frank Donaldson, Jr., reported a case of

HÆMO-THORAX.

He was called in consultation to see a boy who had received a stab wound in the left thorax, the knife entering just below the fourth rib and penetrating to a distance of about three inches.

Physical exploration of the chest revealed the presence of much effussion and some tympanicity. On the following day he was called to see the patient in great haste. He found him in a rather serious condition. The chest was about two-thirds filled with fluid. He aspirated and drew off 26 ounces of bloody serum. There was no return of the hæmorrhage and the boy got well. He thought it probable that the hæmorrhage from the lung was checked by the expansion of the lung that followed removal of the fluid.

DISCUSSION.

Dr. Randolph Winslow thinks the position of the wound as indicated by by Dr. Donaldson would lead one to suspect injury to the intercostal artery.

Dr. Donaldson could not say that the artery was not injured, but he certainly thought the knife had penetrated sufficiently far to injure the lung tissue. The boy is said to have expectorated blood before he saw him. He saw no expectoration of blood after he was called in.

Dr. Henry Rolando related a case of

STAB WOUND IN THE CHEST.

The thorax was punctured below the left clavicle in the first intercostal space. Hæmorrhage was immediate and continued until the left pleural sac was about half filled with blood. The man was

kept quiet. After several days, the amount not having increased, the chest was aspirated. The operation was repeated three or four times, each time bringing off a considerable quantity of blood and serum. The patient recovered.

Dr. Winslow thinks in Dr. Donaldson's case there was injury to an intercostal artery, and likewise a pleuritic effusion. He thinks the course pursued by Dr. Donaldson the proper one.

Dr. Randolph Winslow read the following case:

TUBERCULOSIS OF SOFT PARTS OF THIGH SIMULATING BONE DISEASE.

Collins, a young white man, was taken with pain and swelling of thigh in Dec., 1884, followed by an abscess which was opened and drained by Dr. Michael. His health improved but a sinus remained, opening at middle and outer part of thigh, and pain about trochanter, and frequently an erysipelatous brush. Discharge neither free nor offensive. Supposing the man to be suffering with central osteitis, an incision was made by Dr. Winslow down to the bone, but no necrosis or caries could be detected. Three months later cut down on trochanter, and thoroughly scraped abscess cavities, but could not discover any disease of the bone. The man was run down, said he had syphilis, and had scars in the groin. From Dr. Winslow he fell into Dr. Tiffany's service, and eventually was sent to Bay View, where he died in November, 1886. The chief interest centers in the post mortem examination. The liver was much enlarged and was amyloid, kidneys inflamed and amyloid, spleen enlarged. Intestines and rectum ulcerated, and covered with membrane. No spinal caries, no osteomyelitis, some periostitis, soft parts of thigh showed tuberculosis and were the seat of the changes which finally caused his death. The result of the the autopsy was a great surprise, as it was believed that there was disease of the femur.

DISCUSSION.

Dr. O. J. Coskery thinks that in all these cases there are certain diatheses that should be considered in connection with the treatment, for example the syphilitic, the gouty, the rheumatic, tuberculous, etc. He referred to a case in which there was every evidence of trouble with the fefum, but in which there was so very much œdema of the surrounding soft tissues that satisfactory exploration of the bone was impracticable. He suspected the man of being gouty and placed him upon anti-gout treatment. In three weeks from the commencement of this treatment the man was going about attending to his daily occupation. He had not been able to do work of any kind for three months before.

Dr. John Chambers thinks in cases, such as is related by Dr. Winslow, there is usually such a widespread burrowing of pus that the field for infection is in consequence very large. He is always inclined to doubt, therefore, whether the diseased condition results from the start from the presence of tubercle bacilli or whether the bacilli are secondary, having taken up their abode in this favorable media.

Dr. J. Edwin Michael related a case of

RESECTION OF THE LOWER JAW.

It occurred in a man æt 54 years, in whom there was a carcinomatous process involving the floor of the mouth, the anterior end of the tongue and the anterior portion of the body of the bone on each side of the median line.

The case was fully explained to the patient and with his consent the operation was done as holding out the only chance for relief.

The operation consisted in an incision in the median line of the lower lip, down to the lower edge of the bone, and then around the bone on either side in order to sever its attachments to the cheek muscles. The bone was then sawed through on either side with the chain saw at the point from which had been extracted the second bicuspid teeth. The knife was then passed through the neck in the median line just above the hyoid bone and up

through the base of the tongue. Incisions were then made from the point of puncture to the right and left, terminating at the point of section of the bone. In this way a V shaped opening was left in the stump of the tongue, the apex of the V pointing toward the epiglottis. After separating the remaining attachments the tissues were held in position by the following device: The sides of the V in the tongue were brought together in the median line and the stump thus left was attached by silver wire to a wire running transversely across the mouth and connecting together the remaining portions of the bone. The tongue was thus prevented from gravitating into the pharynx.

The hyoid bone was supported by a second wire running from it to the same transverse wire. Drainage was obtained through the opening in the neck. The wound was dressed with iodoform, gauze and cotton. The dressing extended from the incision in the lip, down to and covering the wound in the neck.

On the second day the patient drank fluid and communicated by writing that he was moderately comfortable under the circumstances.

After the second day the outlook, became less favorable, and on the eighth day the patient died of septicæmia.

While Dr. Michael thinks operation holds out the only chances for recovery in these cases, yet the liability to recurrence, and the difficulty of antiseptic practice in this region are so great that he never operates without stating these points plainly to the patient.

Experience has shown these cases to turn out disastrous to the patient in so many instances that he always operates with some feeling of doubt.

EPITHELIOMA OF THE TONSIL.

Dr. F. Donaldson Jr. referred to 9 reported cases of epithelioma of the tonsil, in four of which operation resulted in recovery.

Dr. J. E. Michael then reported

AN AMPUTATION IN THE UPPER THIRD OF THE THIGH FOR OSTEO-SARCOMA.

The history of this case is as follows: During last July a swelling appeared above the knee. Its nature was not recognized by the physician in attendance and Dr. Tiffany was called in. He diagnosed osteo-sarcoma of the periostial variety, and recommended amputation. The patient objected to the operation and procured the services of a Charlatan who by means of a certain mud applied locally succeeded, much to the delight of the patient, in greatly reducing the surrounding œdema, though no reduction, whatever, took place in the actual size of the tumor. This mud doctor then called in a friend who aspirated from the growth a small amount of bloody fluid. He was desirous of incising the growth but was refused. The case then came into the hands of Dr. Michael who confirmed the diagnosis made by Dr. Tiffany, and recommended high amputation through the thigh—he recommended amputation through the thigh in preference at the hip joint because of the age of the patient. The latter operation would have been preferred had the man been younger. The ordinary flap amputation was made under the most detailed antiseptic precautions. There was considerable shock after the operation but from this he readily rallied under the use of stimulants. On the fourth day the dressing dropped off and the stump was again dressed by the student in charge with iodoform and oakum. The dressing again came off on the sixth day. On the seventh day the patient became delerious and the pulse and temperature went up. Iodoform poisoning was suspected and the dressings were removed, the stitches cut and the surface freed from all iodoform and dressed with carbolized lint, after which the symptoms rapidly disappeared. Dr. Michael thinks the success of these operations depends in a great measure upon the perfection of the antiseptic methods employed.

DISCUSSION.

Dr. O. J. Coskery is of the opinion that a history of injury to the femur followed by swelling of a peculiar con-

sistency and appearance should remove all difficulty in diagnosis. He referred to three cases of osteo-sarcoma of the femur following upon injury. He thinks tumors of the femur following upon injury are, as a rule, of osteo-sarcomatous nature.

Dr. J. E. Michael, in answer to Dr. Branham, said he diagnosed iodoform poisoning on the following points: Delerium, rapidity of pulse, elevation of temperature, which however, is not constant, and the disappearance of the symptoms when the drug is withdrawn.

Dr. John Chambers thinks the trouble was not iodoform poisoning, but rather of septic origin—the infection having taken place when the dressings were removed.

Dr. J. E. Michael thinks the sudden appearance of the symptoms and their equally sudden disappearance rather at varyance with any septic phenomenon with which he is acquainted.

Dr. W. E. Moseley, in speaking of the sudden alterations in temperature in obstetrical cases, considers them more of nervous than of septic origin.

He called attention to certain idiosyncracies possessed by some patients toward iodoform. He has patients in whom severe headache is always a consequence of the use of iodoform.

Dr. J. E. Michael has observed these peculiarities also.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING HELD FEB. 9, 1887.

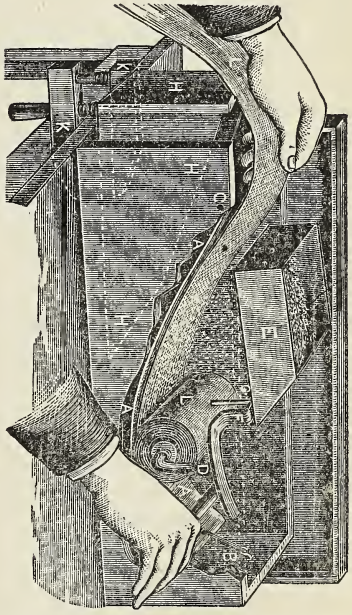
The President, J. Solis-Cohen, M.D., in the chair.

Dr. H. Augustus Wilson read a paper on

A NEW APPARATUS FOR PREPARING DRY GYPSUM BANDAGES.

Rolling the dry plaster-of-Paris bandages by hand, the method usually in use, is unsatisfactory, and under the most favorable circumstances a dirty process. It was to avoid the inconveniences and irregularities of that method that I devised this apparatus, which I have had made by A. G. Gefvert, the orthopædic apparatus manufacturer.

It consist of an ordinary box-bandage roller, with the addition of the following: A moveable bottom, A,A,A, held in contact with the outermost layer of the bandage, as it is rolled, by a rubber band B, and at the other end by a hinge-joint C. Upon this movable bottom, and just in front of the crank, is a floodgate or distributor, not shown in the illustration, which equalizes the ditribution of the plaster and presses it into the bandage from above, while the movable bottom prevents the gypsum from passing through the meshes. The proper tension is applied by two rubber bands.



A hopper, E, is provided with an arm, F, bent in such a manner as to be raised by the crank at each half turn, and upon being released, it falls, throwing down a quantity of the powder upon the bandage in front of the distributor. A compartment, H, H, H, occupying the otherwise waste space under the movable bottom, is utilized as a receptacle in which may be kept the gypsum when the apparatus is not in use.

A scoop accompanies the apparatus with which to take gypsum from the compartment and fill the hopper. The entire affair can be securely held to a table by a clamp, K. Elastic bands are used for springs, because they are inexpensive and can be very readily replaced when worn out.

The method of using is, first to pass the end of the bandage to be rolled over the movable bottom, under the distributor, and attach to the crank. The hopper is now to be placed in position and, by means of the scoop, filled with a sufficient quantity of gypsum. While the crank is turned with the right hand the left guides the bandage, which may be watched, over the hopper, as it is being rolled.

The bent arm of the hopper is so arranged that the fall of the hopper may be sudden or gradual, and upon this depends the quantity of powder discharged. When the crank is turned very slowly the hopper is raised slowly and descends with the motion of the crank, and scarcely any gypsum is precipitated, and, of course, the converse follows. This being clearly understood, a very slight experience will enable any one to control the action of the hopper with the crank.

When a bandage is finished, the crank is withdrawn sufficiently to disengage it from the bent arm of the hopper, and while the left hand holds the bandage a quick reverse turn of the crank enables it to be easily withdrawn. The gypsum remaining on the movable bottom is now discharged into the compartment by placing the hopper to one side, detaching the spring B, and raising that end.

The apparatus is applicable to the rolling of the ordinary surgical bandage by detaching the rubber spring, B, thus allowing the movable bottom to drop out of the way. It prepares the dry gypsum bandages evenly and quickly. It is very simple in its construction and action. It cannot get out of order, except by the breaking of the rubber bands. It is inexpensive.

Possessing these advantages, I hope it will be of service and facilitate the preparation of the dry gypsum bandages in the hands of other physicians as it undoubtedly has in mine.

Correspondence.

PASTEUR VINDICATED. — VULPIAN'S STATISTIC.—HERRING AS FOOD.

PARIS, February 8, 1887.

Editor of the Maryland Med. Jour.,

Here as elsewhere a class of literature prevails in which the writers seems to imagine they can attack people in certain positions with impunity, forgetting that useless criticisms are apt to become dangerous criticisms. The attacks recently made upon Pasteur's treatment of rabies by journals and *savants*, has, as predicted in my letter, "stirred up a hornet's nest," *a la Parisienne*. M. Pasteur has not seen fit to reply to the assailants on his "method," *in propria persona*, but has done so through the mouth of the Permanent Secretary of the Academy of Sciences, with facts and figures so formidable as to conjure the clouds that were gathering thickly over his professional horizon.

M. Vulpian shows that during the twelve months between 25th of October, 1885, and the 31st of October, 1886, two thousand four hundred and ninety persons bitten by rabid animals or animals suspected of being rabid, were treated at the laboratory of M. Pasteur, and of this number 1726 were from France and Algiers. The treatment failed in only *ten* of the 1726, or *twelve*, if the two patients, Pelletier and Noërmann, who arrived at the laboratory 36 days and 43 days, respectively, after they had been bitten, are counted. He also cites the cases of 16 Russians bitten by a rabid wolf, and 10 children bitten in the face and head (the most severe cases) who were treated by the "intensive method," and recovered without a bad symptom ensuing.

The following tables will show the number of cases from France and other countries treated and the general statistics of results, at Pasteur's Institute, up to the 31st of December, 1886.

Number bitten and treated	2682
" of Deaths	31
Mortality	1.15 per cent.

TABLE A.—1st. Persons bitten by animals in which the "rage" was established by subsequent experimental inoculations on other animals, or by the development of hydrophobia in others persons and animals bitten at the same time.

Number bitten and treated	233
" of deaths	4
Mortality	1.71 per cent.

If from the four deaths the case of Noërmann, who was not treated for 43 days after he was bitten, be deducted, the percentage of mortality will be reduced to 1.28 per cent. as in Table B.

TABLE B.—2nd. Persons bitten by animals in which the "rage" was established by autopsies made by Veterinarians or by symptoms manifested in the animals.

Number bitten and treated	1931
" of deaths	25
Mortality	1.28 per cent.

TABLE C.—3rd. Persons bitten by animals only suspected of being "mad."

Number bitten and treated	518
" of deaths	2
Mortality	0.38 per cent.

Statistics of persons from France and Algiers treated at Pasteur's Institute to the 31st of December, 1886.

TABLE A.—1st. Persons bitten by animals in which the "rage" was established by subsequent experimental inoculations, or by the development of hydrophobia in other persons and animals bitten at the same time.

Number bitten and treated	1538
" of deaths	16
Mortality	1.04 per cent.

TABLE B.—2nd. Person bitten by animals suspected of being "mad."

Number bitten and treated	391
" of deaths	2
Mortality	0.51 per cent.

Statistics of persons bitten in the head and face.

TABLE A.—1st. Persons bitten by animals in which the "rage" was established by experimental inoculations, or by the development of hydrophobia in other person and animals bitten at the same time.

Number bitten and treated	186
" of deaths	9
Mortality	4.83 per cent.

TABLE B.—2nd. Persons bitten by animals suspected of being "mad."

Number bitten and treated	48
" of deaths	1
Mortality	3.57 per cent.

Statistics of persons bitten by rabid wolves.

Number bitten and treated	48
" of deaths	7
Mortality	14 per cent.

Comparison of the simple and intensive treatments.

BITTEN IN THE HEAD AND FACE.

Persons bitten by animals in which the "rage" was established by experimental inoculation, or by observations of Veterinarians.

Number of persons from France and other countries bitten and treated 186.

SIMPLE TREATMENT 136.

Deaths	9
Mortality	6.61 per cent.

INTENSIVE TREATMENT 50.

Deaths	0
Mortality	0

If the above figures are correct, and there is certainly no good ground for doubting them, since they come to us under the "sign manual" of the Academy of Sciences of Paris, no one but a doubting imbecile can resist the conclusion that M. Pasteur has made a most valuable discovery, which has already saved the lives of many who would otherwise have perished.

But to make the case plainer, let us analyse the statistics. Of the 2682 persons from France and more distant countries treated by Pasteur's method the mortality was 1.15 per cent., and of the 1929 persons from France and

NOTE.—Three of the persons who died were attacked with hydrophobia during the treatment. They are mentioned in the statistics and counted in the percentage of mortality.

Algeirs who were subjected to *immediate* treatment, the mortality was only 0.93 per cent. These figures embrace persons who were bitten by animals suspected of being mad. Now if we confine the figures to those who were bitten by animals *known to be mad*, we find that in this group of persons, from France and more distant countries, there were 2164 cases treated, and 29 deaths, or a mortality of 1.34 per cent. Taking the persons from France and Algeirs only, who were subjected to treatment with much less delay than those from abroad, the mortality is reduced to 1.4 per cent.

Now let us contrast this mortality with that which existed under similar circumstances before Pasteur's method was known. The most reliable statistics, (that of Leblanc) relating to the treatment of rabies, before the discovery of Pasteur, show that in every hundred persons bitten by rabid animals 16 died, and if we take this as a standard of mortality, the calculation is a simple demonstration of the fact, that of the 2164, from France and other countries, treated by Pasteur's method, after having been bitten by animals incontestably mad, there would have been in this number 346 deaths without the treatment, instead of 29 deaths; and by the same calculation, of the 1538 persons from France and Algiers, there would have been 246 deaths instead of 16. Considering only the home cases, and deducting from the 246, which it is fair to presume would have died under the old régéme, the 16 cases which terminated fatally under Pasteur's treatment, it follows that 230 persons have been saved from death by the latter treatment during the period which elapsed from 26th day of October, 1885, to the 31st day of December, 1886.

The results in cases bitten by wolves and in the face and head (the most serious of all cases) is even more astonishing. For example, of the 48 persons bitten by rabid wolves and treated at Pasteur's Institute, only seven deaths have been recorded, or a mortality of about 14 per cent., while under the old treatment, according to Leblanc, the mortality in this particular class of cases, would have reached 60 or 80 per cent., a fact which eloquently proclaims the efficiency and value of Pasteur's method.

With such evidence before us, drawn from the incontestable authority of statistics taken from the records of the Academy of Sciences, of Paris, who shall deny, that to the experimental genius of M. Louis Pasteur is due one of the most brilliant discoveries which has ever been made, both from a scientific and humanitarian point of view?

"Oh! Liberty, what crimes are committed in thy name!" This passionate ejaculation of Madame Roland, uttered as she was about to pass into the executioner's hands, recalls one of the best remembered incidents of the French Revolution. Change "Liberty" to "Food" and a saying of the same kind might fitly find place at this moment in the vocabulary of every civilised nation, the the saddest part of it being that science is sometimes unwittingly responsible for the knavishness which barbs the saying with truth.

If there existed one article of food offered everywhere for sale, upon the genuineness of which public faith fondly and firmly reposed, it was the salted herring of commerce. Nobody pretends that such food can be considered an aristocratic diet, and a fashionable physician would scarcely prescribe it to a sick duchess with a capricious appetite, albut there are few things more appetising than a plump roed Potomac herring. But "all is not gold that glitters," and it does not follow when one buys a good roed herring, in this country at least, that he has got what he wished for, or a thing he can safely put upon his table. Some time ago a chemist discovered that boracic acid would preserve animal matter from decay, just as boron protects iron from oxidisation. The Norwegians, it appears, have got hold of this invention, and are flooding the European markets with inferior fish preserved with boracic acid, instead of salt. The acid effects a temporary preservation of the commodity, and the samples are exceedingly good looking and cheap, so at-

tractive indeed that most persons will buy them in preference to the genuine article; but they are altogether unsavory as food, and the chemical employed is also accused of being deleterious to the health of the consumer. This is almost too much to be *stomached* even by the Free Trade and Cheap Food people of "Merrie England," and the health authorities are accordingly moving to to exclude Norwegian cured fish from the markets of the country, while France has already forbidden their entry into her ports. *Caveat emptor!* Our people must beware, henceforward, of similar swindles, and that, perhaps, is all which can be said or done for a city like Baltimore, where there are no inspection of food laws.

C. W. CHANCELLOR, M.D.

THE NEW METHOD FOR DRESSING EYES.

PHILADELPHIA, March 1st, 1887.

Editor of the Maryland Med. Jour.

DEAR SIR:—I have read your editorial in the MARYLAND MEDICAL JOURNAL of February 26th, on new method for dressing eyes after extraction of cataract. The method of using the tarsal cartilage as a splint is so familiar to those who have seen the operations of Dr. R. J. Levis for the last twelve to fifteen years in the Pennsylvania Hospital and Jefferson College and Wills Eye Hospital that I am surprised to see it designated as new method. In the *New York Medical Record*, of last August, may be found a short account written by me of Dr. Levis' manner of applying the dressings, which was written to show that the method of Dr. Michel, of St. Louis, and Dr. Chisolm was by no means new.

Yours truly,
JOHN B. ROBERTS, M.D.

Reviews, Books and Pamphlets

Disease of the Tonsils. By HOWARD MARSH, F.R.C.S., Senior Assistant Surgeon to, and Lecturer on Anatomy at St. Bartholomew's Hospital, etc. Philadelphia: Lea Brothers & Co.

The branch of surgery which Prof. Marsh has selected for his monograph is certainly one, which, from its importance, and from the many difficulties that surround it, is well deserving of special attention. After a brief introduction showing the decided progress that has been made of late years in the pathology and treatment of joint affections, the author takes up the various diseases beginning with synovitis and arthritis. In the treatment of the several forms of arthritis he calls attention the great importance of putting the limb on a splint, a measure that we feel sure is to often neglected. The joints in gout and rheumatism are briefly discussed, and there is a full and carefully prepared chapter on Charcot's disease. The author takes up the diseases of the joints in various other constitutional affections, scrofula, syphilis, etc., making, we think rather too many unnecessary divisions. The last chapters are devoted to diseases of special joints. The book is pleasantly written, and the illustrations, of which there are a number, are in the main good.

Clinical Manual for the Study of Medical Cases. Edited by JAMES FINLAYSON, M.D. Second edition. Philadelphia: Lea Brothers & Co.

We are glad to welcome another edition of this valuable manual. It has been carefully revised by the editor, and he has associated with himself several well known names. Professors Gairdner, Joseph Coates, Samson Gunnell and others.

The book is arranged in a very systematic manner, taking up first the physiognomy of disease, examination of cases, the general conditions to be noted and the form and manner in which they are to be obtained. The various systems are then discussed *seriatim*, beginning with the nervous, to which a good deal of space is devoted. The section on examination of urine is very full and carefully prepared. In speaking of staining the tubercle bacillus the author says that a 'high power, 300 or 400 is needed,' but those who try to find the baccillus with such power will be disap-

pointed, unless they are very familiar with its appearance, as it requires a much higher power for diagnosis.

A new and useful feature of the book is the bibliographical note appended to such subject. Both student and writer will find this of service.

The Digestion of Milk.—M. Reichmann, of Warsaw, has recently made several experiments on the digestion of milk in the human stomach. The subject was a young man, aged 22, in robust health. The experiments were made by means of the stomach-pump, with unboiled, as well as alkaline and boiled milk. The results were as follows: 300 cubic centimètres of unboiled milk are evacuated by a healthy stomach four hours from the time it has been taken, although the regular digestion is completed three hours afterwards. Coagulation of the milk takes place about five minutes after ingestion, and does not depend on increase in the quantity of acid, but on another agency, possibly the fermentation of rennet. During the digestion of 300 cubic centimètres of milk, the contents of the stomach show the greatest average degree of acidity (32 centimètres per cent.), at the end of an hour and a half. This acidity is owing, when digestion begins, to the presence of lactic and hydrochloric acid; the latter only appears three-quarters of an hour after the ingestion of milk. Half an hour after taking the milk, the quantity of peptones is increased, and remains so for an hour and a half, after which time it becomes perceptibly less. Boiled milk (heated at from 16° to 26° C.) was taken in the stomach; 300 cubic centimètres were digested in two hours and a half; the acid contents of the stomach disappeared in three hours. After the ingestion of boiled milk, peptonisation which, in that case is more energetic, begins sooner, and the clots and caseine are not so thick as when unboiled milk is given. Experiments with alkalised milk have shown that alkalisation of milk prevents the peptonising action of gastric juice. One hundred cubic centimètres of milk, alkalised by means of bicarbonate of soda, leave the stomach entirely at the end of two hours. Alkalisation does not prevent milk in the stomach from coagulating under the influence of rennet. In conclusion, M. Reichmann says that the result of all his experiments on one person entirely coincided with nine previous experiment he had made.—*Br. Med. Jl.* Feb. 12, 1887.

The Law of the Determination of Sexes; Kisch's Modification of the Hofacker Saeller Law.—When the husband is at least ten years older than the wife, and when at the same time the wife is within the age of highest productive power (twenty to twenty-five), there will be a very distinct excess of boys over girls. This excess will be marked, but less distinct, when the husband is at least ten years older than his wife and she is over twenty-six. When the husband is older than the wife, and she has not attained the age of highest reproductive power, the female births will be in excess. This excess of girls born over boys is most marked when husband and wife are of the same age. Yet when the wife is the elder there is a distinct excess of male births. Dr. Kisch admits that both his own and Hofacker's statistics are not extensive enough to warrant very decided scientific conclusions. His interesting paper is published in the *Centralblatt für Gynäkologie*, January 22, 1887.—*Med. Record.*

Chloral Hydrate and Fehling's Test.—O. W. Sherwin has found that chloral hydrate in urine causes a reduction of copper in Fehling's test liquid just as sugar does. He discovered this in a specimen of urine to which a small amount of chloral had been added to prevent decomposition. He found the same reduction to take place in some cases where chloral was administered internally in cases in which there was no sugar present, as determined by subsequent tests when no chloral had been administered.—*Bost. Med. and Surg. Jour.* November 18, 1886.

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BALTIMORE, MARCH 12, 1887.

Editorial.

THE PROGNOSIS OF CHRONIC VALVULAR DISEASE.—There are a number of considerations which make the prognosis of chronic valvular disease of the heart a matter of more than ordinary importance. To a patient afflicted with valvular trouble the question must arise as to how he shall live, what occupation he must follow, whether he shall marry, whether he shall take steps to insure his life, and, what is of paramount importance to him, how long he may prolong his life by the strict observance of hygienic rules and medical treatment. Such patients will almost of necessity look to the medical profession for guidance and treatment. Under such circumstances what prognosis can the physician give? No fact is better known than that individuals affected with valvular disease frequently live to extreme old age and die with other affections. A heart more or less crippled in early life may continue to perform the duties required of it for years and years under favorable conditions. In the *British Medical Journal* (Feb. 19th, 1887) Sir Andrew Clark publishes a table of 683 cases of valvular disease which were known to have existed for over five years without causing serious symptoms. One of these cases had had valvular disease for 45 years, another 44 years, another 30 years, and so on. Some of these persons with long standing valvular disease were engaged in the active business of life, who without any symptoms of heart-disease have enjoyed good health and have reached an advanced age. From a careful study of the histories of these cases Sir Andrew Clark concludes that there are some conditions which favor, and some which disfavor, continued exemption from the secondary consequences of valvular lesions of hearts.

"Among the circumstances which favor exemption from the secondary consequences of valvular lesions, I mention a rational obedience to the laws of health, the following of a simple, regular, occupied, and moderately active life, early hours, a tranquil mind, a disciplined control of the emotions and the will; regular, but neither too frequent nor too full, supplies of fresh nourishing food; extreme moderation in the use of tea, coffee and alcoholic beverages; the temperate use of liquids of every kind, avoidance of sudden and violent forms of exertion, hurry and worry, of prolonged tension of mind, and of serious and depressing cares or fears. It is true that many of these conditions are beyond human control, and that, together, they frame an ideal of life to which few can attain. But it is not less true that serious endeavor, if unhindered by physical self-consciouness and self-distrust may accomplish them in a measure sufficient to strengthen the whole nature, and to get from them all the good that they can give.

The circumstances or conditions which disfavor exemption from the consequences of valvular lesions are numerous and easy to be understood. Some act directly upon the heart, others act through a related physiological system, many act through the state of the general health, and all of them capable of exercising an adverse influence upon this organ, when once in action, seldom cease to act. Chief among the disfavoring circumstances, I specify irregularity of life, excesses and irregularities of eating and drinking, the too generous use of alcoholic beverages, the intemperate use of liquids in themselves harmless, the abuse of tea, coffee, and tobacco,

excessive and insufficient exercise, anxious introspection and self-distrust, undisciplined emotions, prolonged and serious cares, inattention to the excretory functions of the body, and a sedentary, self-indulgent life."

Assuming that a patient has mitral regurgitant disease and lives in obedience to properly adjusted rules of health, Sir Andrew Clark thinks the following conditions would justify the physician in permitting him to continue the ordinary duties and enjoyments of life, in sustaining an application for life insurance, in sanctioning marriage and in speaking favorably of his prospects of longevity.

1. Good general health. 2. Just habits of living. 3. No exceptional liability to rheumatic or to catarrhal affection. 4. Origin of the valvular lesion independently of degeneration. 5. Existence of valvular lesion without change for over three years. 6. Sound ventricles of moderate frequency and general regularity in action. 7. Sound arteries with a normal amount of blood and tension in the smaller arteries. 8. Free course of blood through the cervical veins. 9. Freedom from pulmonary, hepatic and renal congestion.

Sir Andrew makes a broad distinction between cases of mitral and aortic disease. The conditions of a favorable prognosis differ for different valves and for each valve according to the character of the lesion.

"A comparatively small 'loading' might justify assurance in a favorable case of mitral regurgitant disease, while no 'loading,' however heavy, for a time however short, would warrant acceptance of a regurgitant disease of the aortic valves. If in the former case the risk to be incurred were to be reckoned as one, then in the latter case the risk to be incurred would have to be reckoned as a thousand. The person with aortic, might possibly live as long as the person with mitral disease; but there would be such small security for the transaction that, considering the possibilities of disaster, it could not be regarded as other than a reckless speculation."

According to Sir Andrew Clark's observation the mitral regurgitant murmurs, so often encountered in chorea, for the most part disappear within eight or nine years of the attack. Valvular inflammations and their effects arriving in the course of rheumatic fever, do sometimes disappear, and leave behind no clinical evidence of their former existence. Whilst this occurs for the most part in the young, it sometimes occurs in middle life.

Whilst Sir Andrew admits that he has nothing to do with any life insurance office, he submits the following general rules in cases of arbitration. "First of all, the mitral disease shall have existed independently of degeneration in the heart; secondly, that it shall be in good order; thirdly, that the ventricles shall be in good order; fourthly, that the arteries shall be sound; fifthly, that there is no persistent basis congestion, nor recurrent hepatic congestions; that the patient should not be liable to colds which hang around him; and, finally, that his general health shall be good. Under these circumstances, I am prepared to say that mitral disease will not shorten life."

In the discussion on Sir Andrew Clark's paper, Dr. Clifford Allbut said that as regards life insurance he had passed persons with mitral disease under certain restrictions but he could not say this of aortic disease. Dr. Bristowe was in the habit of accepting cases of mitral systolic murmur extending over many years where the second sound is not accentuated and the apex is in its right place. Dr. Frank Donaldson, of Baltimore, endorsed the general course pursued, which is that even slight visceral disease may prevent a man from living out his expectancy, and consequently the insurance company ought to have the benefit of the doubt and not the applicant. Dr. Donaldson makes a most excellent point in the statement that he has learned to pay less attention to murmurs and more to size and position of the heart and to the signs of weakness of the heart's walls. The physical signs of degeneration offer by far the best data for estimating the duration of life. The

treatment of chronic valvular disease was touched upon by one or two speakers. The main facts were very happily and concisely summed up by Dr. Bristowe. "As to treatment, I am sometimes inclined to think it a pity there are physicians; many persons would lead a happy life but for them. Now I think it is quite true enough to feel the effects of it. We should endeavor to keep up the health of the patient, and enable them to continue useful members of society. It is related of Dr. Murchison, that seven or eight years before his death he found out that he had aortic regurgitation. He consulted as to what he should do, and he determined to go on enjoying himself as well as could under the circumstances."

Miscellany.

Pneumotomy in Pulmonary Abscess.—Dr. Runeberg, Professor of Medicine at Helsinfors, in a clinical lecture which has been published in a Swedish journal published in Finland, gives an account of a case of pulmonary abscess consequent on acute pneumonia, where he had performed pneumotomy with success. In addition to this he had collected notes on ten other cases. Leaving aside three of the eleven on account of uncertainty in the diagnosis, five of the remaining eight recovered, or at all events improved very decidedly, and in the rest, which were fatal, death could not in any way be attributed to the operation, so that Dr. Runeberg considers that when the diagnosis of pulmonary abscess is clear, and it is in an accessible situation, the best practice is certainly to open it. He then refers to the question of operating for gangrene of the lung. He himself had had a case of this, together with bronchitis and bronchiectasis; after the operation secondary gangrene and septicæmia occurred, which proved fatal. In seventeen other cases of gangrene he quotes from medical literature where pneumotomy was performed, seven recovered more or less completely, and the fatal termination of the remaining ten did not appear to have been attributable to the surgical interference. As to the method of opening the lung, Dr. Runeberg is in favor of resecting a rib, and then using the thermo-cautery. He does not approve of washing out the cavity with antiseptic lotions, thinking them dangerous, and believing that ample drainage is sufficient. In conclusion, he mentions several pneumotomy cases he had collected: two were for ecchinococcus, both terminating favorably; six were for bronchiectasic cavities with gangrene; and six for tubercular cavities. In the latter two classes of cases he does not think operative procedures are advisable.—*Lancet*, Feb. 12, 1887.

Cure of Reducible and Irreducible Hernias by Heaton's Injection Method and by Radical Operation.—In a paper on this subject (*Med. Rec.*, March 5th, 1887), the author, Dr. Robert F. Weir sums up the following conclusions:

1. That small reducible and easily controlled inguinal hernias can with safety be treated with Heaton's injection and with a reasonable prospect of success—30 per cent. of recoveries.

2. That in similar hernias in children, where the use of a truss has failed, Heaton's injection is to be recommended as a particularly successful procedure.

3. That in unmanageable, painful, or irreducible hernias, demanding surgical interference, and sometime those in which Heaton has failed, the radical operation should be resorted to, with the sac tucked up or tied off, as the surgeon may determine, but with a high and complete suturing of the canal.

4. That where omentum is found in a hernia it should be securely tied and resected.

5. That the wound in the region of the external ring should be healed by granulation to afford a cicatricial barrier, as an additional factor in the cure.

Fifteen grains of corrosive sublimate dissolved in one ounce of collodion, is recommended as a cure for warts. Brush the warts carefully once a day with this solution.

Medical Items.

Dr. Arlt, the well-known German ophthalmologist, is dead.

Dr. Thos. Maddox, a well-known physician of Washington County, Md., is dead.

Since 1879 the University of Sydney has received donations exceeding a million of dollars.

Professor Bèclard, Professor of Physiology in the Faculty of Paris, died on Febuary 9th, at the age of 69 years.

The Pennsylvania Hospital recently received $4,000, and the Woman's Hospital of Philadelphia, $3,000 from the estate of the late John George.

Professors German Sée, Charcot, Hayem and Marc Sée, all distinguished members of the Paris Faculty of Medicine, are of Jewish decent.

Professor Virchow was elected to a seat in the Reichstag in the late election in Prussia. He was opposed by Count von Molke the distinguished soldier.

Sir James Paget has only two sons. The younger son, Mr. Stephen Paget, is already known as a rising young surgeon. The elder now is a clergyman in the Church of England.

The annual commencement of the College of Physicians and Surgeons of Baltimore will be held at Ford's Opera House on March 15th. at 12 o'clock, M. The address to the graduates will be delivered by Rev. W. D. Ball, of this city.

Prof. Ludwig Bandl, who was reported to have died, and whose obituary notice has appeared in this JOURNAL, is said to be still living. He is, however, suffering from melancholia, and his sudden retirement gave credence to the report of his death.

The annual commencement of the University of Maryland School of Medicine will be held at the Academy of Medicine on March 22nd. at 12 o'clock, M. The address to the graduates will be delivered by Col. H. Kyd Douglas, of Hagerstown, Md.

Dr. J. G. Westmoreland, a well-known surgeon, of Atlanta, George, died in Atlanta or March 3d, at the age of 71 years. Dr. Westmoreland was the founder of the Atlanta Medical College, and for a number of years was its dean and president of the faculty.

One must often go from home to hear the news. *The Medical and Surgical Reporter* is responsible for the following: "The remains of a Baltimore editor were sold for $10 to a medical college. A live dog is worth more than a dead 'lion' in the Monumental City, as well as elsewhere.

Dr. A. W. Dodge, a well-known physician of South Raltimore, died at his residence on Hanover Street, on March 3rd, at the age of 49 years. Dr. Dodge served during the late war as Assistant Surgeon of the Fourth Maryland Regiment U. S. Army. He was a native of New York, but graduated at the University of Maryland, in this city in 1864.

The presidency of the collegiate department of the Long Island College Hospital, Brooklyn, has been accepted by Dr. Joseph C. Hutchison, of that city, that position having recently been made vacant in consequence of the death of Dr. W. H. Dudley, who for many years had been at the head of that institution.

Chloroform has been found very efficient against tape-worms. Doses of two grams have been given, repeated after twenty or thirty minutes, but troublesome cardiac symptoms may be avoided by giving much small doses (a few drops) every few minutes for a few times. Thompson successfully prescribed chloroform ʒj. (by weight), simple syrup to ʒj., to be given in three doses, at intervals of two hours, in the morning, with castor oil to follow.—*London Med. Rec.*

Dr. Harvey Black has been elected superintendent of the Southwestern Virginia Lunatic Asylum, located at Marion, and Drs. R. J. Preston, of Washington County and John Apperton, of Smyth County, have been elected respectively first and second assistant physicians to the same institution. Dr. Black was at one time superintendent of the Eastern Lunatic Asylum at Williamsburg. He is a member of the present Virginia House of Delegates from Montgomery County.

MEMORIAL TO DR. AMBLER.—The bronze tablet recently executed by J. & R. Lamb, of New York, from funds provided for the purpose by the medical corps of the United States navy, has just been hung in the Corcoran Art Gallery, Washington, on exhibition. Eventually the tablet will be placed in the surgeon-general's office at Washington. The memorial is in honor of Dr. James Markham Ambler, the surgeon of the Jeannette exploring expedition to the Arctic regions. In size the tablet is about five feet by three feet six inches. The design includes a simple border, classic in treatment, with acanthus-leaf borders, an oval medallion portrait of the late Dr. Ambler, and below it a long parallelogram which gives a representation of one of the closing scenes of his life. Here he is seen upon the banks of the Lena Delta, performing his duties as a physician towards the sick members of the party, while he waves his hand in farewell to the two men who are leaving in search of help, after having tried in vain to persuade him to accompany them. The aurora light, which has been introduced back of the portrait and above the figure panel, aids materially the effect of the design. The inscription reads as follows: "James Markham Ambler, M.D., U. S. N., Lena Delta, October 9, 1881. Duty stronger than love of life."

Original Articles.

EMMET'S NEW OPERATION FOR PROLAPSE OF THE POSTERIOR VAGINAL WALL OR SO-CALLED LACERATION OF THE PERINEUM.*

BY J. M. BALDY, M.D., OF PHILADELPHIA.

Since I have become familiar with the subject it has each day seemed more incomprehensible to me why the Emmet operation has not come into more general use. I have come to the conclusion that the fault lay in defective description of the operation, as set forth in most cases, and in the fondness of men for working on the skin perineum, and not in the operation *per se*. The operation as described by most of the writers on the subject is hopelessly mixed up with long discourses on side issues. Too much is left to be understood from diagnosis alone, with insufficient attention to details in the procedure. These are prominent faults in the descriptions given by Drs. Emmet and Dudley. Dr. Dudley also obscures his paper, as presented in *Pepper's System of Medicine*, by introducing several "modifications." The first of these is one of the essential steps in the operation, though somewhat obscurely described by Dr. Emmet in the *Third Edition of his Gynecology*. It consists in carrying the denudation into the vaginal sulci. The second consists in passing deep sutures where Dr. Emmet passes superficial ones. In reality Dr. Emmet's "superficial" stiches are only relatively superficial. His description of them distinctly calls for their being passed deeply enough to include the posterior wall. My excuse, therefore, for offering a contribution on such an old subject is to make the steps of this operation clear, and if I seem tedious in detail to those who are familiar with the subject I hope you will bear with me patiently.

The belief that the female perineum, or perineal body, gives any support to the pelvic viscera is an erroneous one. The distance between the uterus and the perineal body is quite measurable, and the intervening tissues, which consist merely of the mucous vaginal canal and surrounding connective tissue, are by no means of such a firm character as to be able to uphold the uterus either *per se* or through the support given by the perineal body below. The only support this body could give the supposed support would be by the uterus resting directly upon it. Dr. Emmet puts it very happily when he says "it would be as rational to assume that a man's pantaloons were supported by the legs resting on the instep or foot." The principal support of the pelvic organs is their ligamentous attachments, on the same principle as the organs contained within the abdominal and thoracic cavities are suspended. A good proof of this is the fact that we constantly see women going about their daily work who have their superficial or skin perineums, not including the fasciæ or muscles, torn even to the sphyncter ani and who never have suffered any inconvenience therefrom, and who probably never will. The cause of all the various ailments following parturition, beginning procidentias, etc., will be found inside the vagina on the posterior wall. If any one will place his fingers on the posterior vaginal wall of a woman who has never borne a child, and move them first to one side and then to the other he will find a firm resistance to pressure in any direction. If he now introduces his finger into the vagina of a woman who has had an injury to the pelvic floor during parturition, he will fail to meet with the resistance which he met in the first case. He will find instead a *rectocele* of greater or less extent with deep diverging sulci running up each side of the recto-vaginocyle, into which he can easily sink his finger without finding much resistance, and yet the external or skin perineum may be perfect. To fully and clearly understand this change it will be necessary to consider the attachments of the pelvic viscera. The pelvic fascia descends until it reaches its attachment on a line drawn from the symphysis pubis to the spine of the

*Read before the Obstetrical Society of Philadelphia.

ischium, where it divides into two layers, the outer or obturator and the inner or recto-vesical fascia. This line of separation in great part also corresponds to the line of attachment of the levator ani and coccygeus muscles. The levator ani extends from this attachment downward and passing under the vagina is inserted into the rectum at different points. It is covered on its upper surface by a reflexion of the recto-vesical fascia which binds it closely to the vagina and sphyncter vagina muscle and on its under surface by a reflexion of the obturator fascia which binds it closely below. The transversus perinei, when it exists at all, arises from the pubic arch and its fibres are lost in the sphyncter vagina directly under the vagina. In speaking of the use of the sphyncter vagina, Dr. Goodell says that "the property of this muscle is to pull down the rigid clitoris into contact with the male organ, to squeeze out the contents of the vulvo-vaginal glands and to compress the dorsal vein as well as the bulbs of the vagina, so as to obstruct mechanically the current of blood and produce a turgescence of these erectile organs." If this be correct we have an explanation of the loss of sexual pleasure and desire so often seen in women who have suffered from a tear of this muscle. The recto-vesical fascia sends out reflexions from its bony attachments also over the vagina as well as over the other pelvic contents, forming the strong ligaments which hold them in place and give firm support to the different venous plexuses; amongst others the vaginal plexus.

The advancing head of the child, under certain circumstances, crowds the soft parts in advance as it sweeps along the pelvic floor and the fasciæ and muscles just described becoming over distended separate and retract, forming deep sulci laterally. Frequently the injury is sub-mucous. The external soft parts or skin perineum may be torn or not; very often it remains perfectly intact. There is no question in my mind that this injury is caused with unnecessary frequency, both by the injudicious use of the forceps and by our vain efforts to "support the perineum." As a rule our patients would be far better off if we were to throw our forceps away and keep our hands off the perineum, as far as any idea of giving it support is concerned. If we hold the head back the *vis-a-tergo* must be spent somewhere and that somewhere is the pelvic floor, which suffers accordingly. The mere rupture of the fasciæ and muscles would cause the woman little trouble of themselves but the results are far reaching. The fasciæ being the chief support of the blood vessels we now have the larger veins with no support but their own walls; consequently we soon have a chronic engorgement, with dilatation and a very sluggish return of blood from the parts. The viscera become engorged and heavy. The anterior wall has lost its main support, the posterior wall, begins to roll down and out, forming a cysto-vaginocyle; the posterior wall gradually pushes forwards and bulges from the vaginal orifice as a recto-vaginocyle. The fundus uteri becomes or remains enlarged and falls backward from its weight and the traction of the vaginal wall. Gradually but surely the ligamentous attachments of the uterus are stretched and the whole organ slowly descends dragging everything with it. We eventually have all the phenomena of complete procidentia if things go on unheeded. This theory of the injury in the female pelvis in parturition is by no means new. It is substantially the same view held by Emmet and expressed by Hadra in the *Amer. Jour. Obst.*, April, 1883; by Wylie in the *N. Y. Med. Racord*, March, 1886; Skeene in *N. Y. Med. Journal*, April, 1885, and by Jas. Price in a paper read before the Philadelphia County Medical Society last spring.

The old operations, devised on the supposition that the injury of the perineal body was the cause of all the symptoms, included far more labial tissue than had been involved in the tear and were entirely inefficient for restoring the pelvic floor. They caused an unnecessary barrier to coition and frequently left the patient with a cer-

tainty of return of all her ailments and a probability of the tear being reproduced at a subsequent labor. The only satisfactory surgical procedure suggested as a cure of the injury is that of Dr. Emmet, of New York, for "restoration of the pelvic diaphragm." The patient is placed in the dorsal position and the labia separated by assistants, hook a tenaculum or a ligature (which remains a permanent land-mark to the end of the operation) into the crest of the rectocele and drew it upwards, without undue traction to near the meatus, and place it in the hands of an assistant. Hook another tenaculum into the labial tissue on each side directly opposite to or in the lower caruncle or remains of the hymen. If slight traction in diverging directions be made on all the tenacula at the same time three triangles are formed having the crest of the rectocele for their common apex. The base of the first is a line drawn from caruncle to caruncle and the bases of the others a line drawn from each caruncle to a point far up the sulcus of the same side. On denuding these surfaces and bringing the three tenacula together, "the vaginal canal will be found reduced in size, the perineum will have been apparently drawn up towards the arch of the pubes, and the tissues of the previously gaping outlet will have been rolled in until the vaginal entrance is no longer larger than that of any female who has not given birth to a child at a full term." The posterior wall is brought firmly up against the anterior wall and bladder giving them their natural and necessary support and preventing their rolling down and out. Care must be taken not to denude too much surface in the sulci, as failure may result, the sutures cutting out from undue traction. The scissors should be used for all plastic work in the vagina. Anyone becoming accustomed to their use will never go back to the knife. The bleeding is infinitely less and much time is saved by the celerity with which they can be handled.

The most essential part of the operation is the introduction of the sutures. They are passed from the apex of each suture toward the operator. A tenaculum is hooked into the apex of one of the sulci and drawn away toward the cervix uteri thus preserving the line on which the sutures are to be introduced. The sutures are then all passed toward the operator to the bottom and median line of the sulcus, plenty of tissue being included, the sutures emerge at the median line of sulcus and are reintroduced in the same spots and carried away from the operator emerging just beyond the freshened edge of the rectocele directly opposite the original point of introduction on the other side of the sulcus, thus taking a V shaped course. The number of sutures is usually four or more. The other side is sutured in the same manner. When these sutures are all drawn up into place and closed there remains a small triangular space of freshened surface in front of the rectocele which is closed by the so-called crown stich and one or two superficial external stitches. The crown stitch is introduced through labial tissue at the lower caruncle, the original point of introduction of one of the tenacula, carried across through the crest of the rectocele and then through labial tissue at the lower caruncle on the opposite side. All the other sutures are now lost to view within the vagina. The resulting shallow line directly in the median line of the perineum is closed by one or more superficial external stitches. They are passed deep enough to include a portion of the posterior vaginal wall.

The day for plunging a great perineal needle through gluteal tissues, skin, muscles, fasciæ, nerves and blood-vessels is past. It is as much of a relic of barbarism as searing the stump of an amputation to stop hæmorrhage, and causes much pain and suffering. The material of the suture is immaterial. Cat-gut can be either shotted or tied. As moisture causes the gut to swell it should be shotted as soon a passed and fastened to the pubic hair with a pair of hemostatic forceps. This will keep them out of the way of the operator. Dr. Emmet always uses silver wire twisted and then shotted so as to be easily

found, the end is bent over and lies flat on the tissues. Silk-worm gut should always be shotted. It makes an excellent suture and forms a good splint to the tissues. Whatever is used the stitches are equally hard to find and remove. A very easy method for either wire or gut is the use of "Avelingo wire coil." These can be made by wrapping a piece of silver several turns around a straight needle or other small staff to form a close coil about half an inch in length. This coil is slipped over the two ends of the suture and secured in its proper place by a compressed shot. In removing snip off the shot, remove coil and the suture has ends as long as the coil was. The after-treatment is very simple. If the patient would stay quietly in bed she would recover with perfect union without the doctor's attention. As rule the patient complains of no pain, and opium and alcohol are not needed. The bowels are kept soluble from the first, and the urine is passed every four or five hours, the patient getting on her hands and knees if necessary. There is no necessity for binding the knees together, nor for keeping the woman in one position for days. The stitches may be taken out on the eighth day.

TWO CASES OF VIOLENT TETANIC CONVULSIVE SEIZURES RESULTING FROM THE USE OF MURIATE OF COCAINE HYPODERMICALLY.

BY SAMUEL T. EARLE, M.D.,

Prof. of Diseases of the Rectum at the Baltimore Polyclinic.

In the MARYLAND MEDICAL JOURNAL for January 15th, 1887, I reported "A Primary Epileptic Seizure Occurring During an Operation for Hæmorrhoids With the Clamp and Cautery," under the influence of muriate of cocaine. That it was epileptiform in character a recapitulation of the symptoms will show, but I have recently found a more satisfactory cause for its production than given in my paper of that date, namely "emotion," having had a similar experience recently, where the symptoms were directly traceable to the hypodermic use of cocaine. Mr. Z. presented himself for the treatment of hæmorrhoids. Found on examination one external and several small internal hæmorrhoids, which I decided to remove by the clamp and cautery. March 5th, I proceeded to do the operation. I injected in the subcutaneous tissue around the anus about one drachm of a four per cent. solution of cocaine, which amounted to about two grains of the drug. In about five minutes after the injection, and before I had taken any other step in the operation, he complained of strange feelings in his legs, accompanied by a twitching of the muscles. In a few minutes more these twitchings amounted to decided general tetanic convulsive movements, which involved all the muscles of the trunk and extremities. By the time these convulsive movements had become general he complained of fullness in the head and soon became unconscious, remaining so for about five minutes. As the convulsive seizures gradually subsided, he regained his consciousness, but that too, only gradually. For instance, would answer me, look bright, and said he felt all right, but in a few seconds more would complain of fulness in his head and become drowsy. This occurred several times before he recovered entirely. Altogether the attack lasted about half an hour. His pulse was weak, although could not be felt very well on account of the convulsive movements. Pupils slightly dilated. The attack was not as severe as in the case previously reported, the amount of cocaine in the latter case not being quite half as much, yet it was very pronounced, and lasted rather longer. The following day found the patient doing very well, only complaining of some soreness in his muscles.

In the case reported in the MARYLAND MEDICAL JOURNAL for January 15th, 1887, I injected a solution of the drug containing altogether about five grains of muriate of cocaine. In about fifteen minutes, without any premonitory symptoms, except a little nausea and faint-

ness, she was seized with violent general convulsive movements, which were so strong, and so much more pronounced on the right side, on which she was lying, as to turn her over on her belly. She had opisthotonus, entire loss of consciousness for about five minutes, after which it gradually returned, and seemed entirely restored at the end of fifteen minutes. Asphyxia; muscles of the lower jaw violently convulsed; pupils unevenly dilatated after consciousness began to return; mouth drawn to the right side; speech decidedly thickened for some minutes after her return to consciousness; respiration very labored, and at the heighth of the attack was arrested for some seconds; pulse very feeble; cutaneous surface decidedly blanched, where not purple, until after consciousness began to return, when it alternately became flushed and palid; she now broke out in a profuse sweat. There was great prostration following the attack and a disposition to sleep. She recovered entirely after several hours, and only complained of feeling tired. This patient had never had any nervous attack of any kind previously, and both patients were remarkably robust and healthy. The doses given in these cases had previously been administered to others by me without any unpleasant effects whatever, and it is almost needless to say here that they have been very greatly exceeded by others without any bad effects.

Hospital Reports.

THE PRESBYTERIAN EYE, EAR AND THROAT CHARITY HOSPITAL OF BALTIMORE CITY, MONTHLY REPORT.

THE NEW TREATMENT OF CATARACT PATIENTS.

BY JULIAN J. CHISOLM M. D.
Surgeon in Charge of the Hospital.

During the months of January and February 1887, the new cases admitted at the Free Dispensary number 1242 with an attendance of 4734, an average of 95 patients for each working day of the two months. During these two months 237 operations have been performed for eye, ear and throat affections; 108 patients have been admitted into the house for treatment, 25 of whom still remained in the wards on the first day of March.

Of these 25, 7 are cataract extractions, and 5 are iridectomies. All have been treated by the new isinglass plaster dressing which has now been in constant use at this hospital for ten months, to the utter neglect of the old forms of compresses and bandage dressings. *Of the seven cataract cases, six were treated by dressing the eye operated on only, the other eye being left open for the guidance of the patient.* All of these were treated without being kept in bed for a single day. Their only restraint was restriction to their rooms from which the light was partly excluded by blue shades before the windows. They walked about, talked, and eat their regular meals. None of them so far have had any inflammatory trouble whatever. In each case the adhesive strip which was the only dressing, was removed from the eye operated upon at the end of five days. Three of these patients are nearly ready for dismissal; one has had the eye operated upon open for four days, one has had the eye operated upon open one day, and the sixth was operated upon only three days since, and therefore will have the strap removed two days hence. All from whom the straps have been removed stand the light well, none of them have had on smoked glasses. The oldest cases can look out into the sunny street with the naked eye without any discomfort, and they move about the house at their pleasure. One was operated upon by a Washington specialist one year since, and had his eyes dressed by compresses and bandages. He secured good vision. He came to Baltimore for the second operation. He remarks frequently upon his present delightful experiences of no restraint and of no darkness when contrasted with his former isolation under thick compresses with head bandaged. As the results of his last

operation are at least as perfect as the first and he now has two good eyes he has no reason to complain of the comfort of the new treatment. As not one of these six patients has had any inflammatory trouble whatever, and all have had the comfort of never having been deprived of sight for a single minute during the entire treatment, they are all walking evidences of the very great advantages enjoyed by the isinglass strip to one eye only, and no covering to the other. over the old method of compresses, bandages, restriction to bed, and dark rooms with which the over careful members of the profession still annoy their cataract patients. *Six successes in six cases is as good results as can be secured.* It is all that is possible to be obtained. This excessively good record cannot be always expected, however perfect the method. If it proves itself fully as good as the old method of restraint, then its advantages become sufficiently conspicuous. My early cases under the new dressing were experimental; after the first month with the beautiful results I secured, it become the established treatment of the hospital.

Leaving one eye opened was first tried for iridectomies. As no trouble followed upon this apparent exposure, after a great many cases had been thus treated. another bold step was taken in the advance and a cataract patient was tried, closing only the eye operated upon. As the other eye was still good, the patient walked up from the operating room without aid and was put into the ward, under the same conditions as if some minor operation had been performed which necessitates a closure of *one eye* temporarily. *He was watched carefully but was not put to bed.* In every way the case behaved as if both eyes had been closed by adhesive straps. On the fifth day the strap of isinglass plaster was removed when a bright, strong eye was exposed, without the redness, sensitiveness or lachrymation so constantly accompanying the old heavy dressings and which I now know from the past eight months' experience, is the immediate result of the restraining treatment, heavy compresses and dark rooms. Then a second and third experiment followed. Now, after my present experiences, it looks very much as if this very great modification in the treatment of cataract cases promises to become equally the established method of this Presbyterian Eye Hospital.

I am not wedded to any form of treatment. I am always ready to try any suggestions, provided they be reasonable. If they do not work well for me I abandon them. If they prove better than the methods I have previously used I adopt them. I am sure, for I speak now from a large experience of over one hundred cases, that the introduction of the transparent isinglass strap as the sole dressing for cataract and iridectomy patients, is such an advance over all former methods of treatment, that even the most unwilling will be forced, by a common professional experience, into using it. From my present smaller experience in this newer departure I believe that all the discomfort in the after treatment of cataract cases, can be removed by leaving one eye open for the guidance of the patient, thus adding immensely to his comfort and as my limited experience so far teaches me, without detracting from his safety.

Such decided changes from time honored methods I recognize as revolutionary and courage is needed in conducting the early experiments. When a good highway has been cut out by the pioneer traveling becomes easy. At my suggestion the isinglass plasters and the withdrawal of restraint have been tried by many specialists Finding it better than the old compresses with treatment in dark rooms they have discarded the old and have adopted the better new methods. Now, I say that I have made another very positive step which I believe to be especially good, and so far have nothing but successes with it. As every few days brings a cataract to the Hospital I will continue to experiment in the after dressing by leaving one eye open, the only restriction being a moderately lighted room. Should I continue as successfully as I have started I shall not hesitate to promulgate this method

as one deserving of professional recognition and general acceptance. The Presbyterian Eye and Ear Charity Hospital is open to professional men every day at 2 o'clock, and physicians are daily watching with great interest this marked departure in the after-treatment of cataract patients.

Society Reports.

THE BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING, HELD FEB. 15, 1887.

The President, DR. P. C. WILLIAMS, in the chair.

Dr. J. J. Chisolm reported a rare case of

CRANIAL TUMOR.

The patient, a man, became blind in one of his eyes eighteen months ago. Recently he lost sight in the other eye. Upon ophthalmoscopic examination, neuritis of both optic nerves was present to such an extent that it was impossible to say which eye had been affected first. There was an interval of nine months between the time of appearance of the disease in the different eyes. After the disease began in the second eye an enlargement of the bony structure behind the ear appeared, a rythmical buzzing sound was developed, which could not only be heard by the patient himself, but could be heard by placing the ear over the point of enlargement. This sound has never disappeared.

The enlargement upon the skull involved the temporal and a portion of the parietal and occipital bones. It made a difference of an inch in the measurements of the two sides of the skull. This peculiar growth, the nature of which the Doctor has not made out to his satisfaction, is gradually disappearing under the administration of potassium iodide 3 ij, daily (grs. xl ter die).

The man gives no evidence of brain trouble. There is neither headache nor nausea. No paralysis, and no neuritis except that of the optic nerves.

Hearing on the left side is lost. The drum membrane on that side is thickened. The position of the growth is on the side of the head opposite to the eye first affected.

DISCUSSION.

Dr. F. T. Miles was very much interested in this case. He said tumors of the brain are now exciting much interest because of their bearing upon localization. This tumor he took to be about the location of the angular gyrus. Thinks the ascending parietal lobe was pushed out of the way rather than pressed up by the growth.

The place occupied by the tumor was that recognized as the centre of sight, and as Gowers points out, interference with this centre causes first blindness in the eye on opposite side and later a loss of sight in the eye on the same side. In close proximity to this centre is that of hearing and he attributes the interference with hearing to pressure upon its centre also by the same growth.

Dr. J. J. Chisolm reported another interesting case of

BLINDNESS DUE TO CEREBRAL DISEASE.

He recently had a patient in whom there appeared four years ago a white atrophy in the right eye. There were neither cerebral nor ataxic symptoms associated with it. Vision was completely lost in the eye. After twelve months the left eye underwent a similar atropic change. Blindness was near complete in both eyes when cerebral symptoms appeared and death ensued. It was to be regretted that an autopsy could not be had. There was no muscular paralysis. He asked for an expression of opinion as to the probable nature of the case.

DISCUSSION.

Dr. F. T. Miles said, in answer to Dr. Ashby, that he thought an operation would have done good in the case first reported by Dr. Chisolm.

Dr. T. A. Ashby referred to the brilliant results of Victor Horsely in this field of surgery.

Dr. J. J. Chisolm has recently seen a case of

HÆMORRHAGIC OOZING IN THE CONJUNCTIVAL TISSUES

of a child five days old. It began probably as a mild inflammation, and kept up for about a week. No clouding of the cornea developed.

Treatment consisted in removing the clots and checking the hæmorrhage by application of tannin and glycerine. He has looked up the literature of the subject and finds this form of hæmorrhage in the conjunctival tissue very rare. He can find only two cases mentioned. This is the first case of the kind that he has ever seen.

A CASE OF DIABETES.

Dr. A. B. Arnold has had a patient, a lady, who had three children in rapid succession. Two years ago he saw her in a condition resembling hysteria. She complained of the greatest variety of hysterical symptoms, among them a dread of going to sleep not to wake again.

Two years ago he examined her urine and found a trace of sugar. This eventually disappeared. She became pregnant again and with the onset of this condition there was a repetition of all her nervous symptoms and likewise was there a reappearance of the sugar in the urine. She complains of excessive thirst, has a voraceous appetite, and is rapidly losing flesh.

He thinks this an evidence of diabetic condition dependent upon the functional disease of the nervous system. He thinks this represents that form of diabetes in which the system is simply incapable of assimulating all the saccharine matter taken in as food, and in consequence the excess passes out with the urine. It is the mildest form of diabetes.

He has only observed the diabetic condition during pregnancy. At this time she always presents the common symptoms. Excessive thirst, voraceous appetite and pruritus vulvæ.

Dr. Samuel Theobald reported

SOME INSTRUCTIVE CASES OF ASTIGMATISM.

Dr. Theobald said that he had listened with interest to a suggestive paper upon the use of glasses for the relief of asthenopia, which Dr. Chisolm had read before a recent meeting of the Academy, and in which he described, at the some length, a case of severe and obstinate headache, which had been treated in vain by a number of physicians, who had failed to discover the true cause of the trouble, but which he had relieved at once by prescribing astigmatic glasses. Mistakes like this upon the part of the general practitioner were, perhaps, excusable, but similar mistakes when made by oculists were not excusable, and yet in his (Dr. Theobald's) experience they were not uncommon. Ophthalmic specialists seem to go wrong oftener in dealing with astigmatism than in any other branch of their work. The cases which he was about to relate were striking instances of this. The ciliary muscle by asymmetrical contraction obscures and modifies the astigmatism, and sometimes makes even the discovery of its presence a difficult matter. This he had found the case especially when the corneal asymmetry was such that the radius of curvature of the cornea was greater in the vertical than in the horizontal meridian. This form of astigmatism seems to be a wider departure from the normal eye; it causes more pronounced asthenopic symptoms; and, being more completely covered up by the ciliary muscle, it is oftener overlooked than the more usual form in which the corneal curvature has a shorter radius in its vertical meridian. Dr. Theobald believed that the very lowest degrees of astigmatism when of this unusual character were likely to give rise to asthenopia, and should be corrected by glasses. Besides, it should be remembered that even the thorough use of a mydriatic does not always render manifest the total astig-

matism, and that after cylinders have been worn for a time a greater amount may become manifest. When astigmatism is of the usual character, the focal distance of the cornea being shorter in the vertical than in the horizontal meridian, asthenopia is not so sure to ensue, and unless the asymmetry be of considerable amount its correction by glasses *may* not be necessary. It is certainly not necessary to correct every case of this form of astigmatism, when asthenopia is not present. It will be seen that in the following cases the astigmatism was of the unusual character.

Case I.—Mrs. M., who suffered with asthenopia and obstinate headaches, had consulted one of the most prominent of the New York oculists, and had received from him + $\frac{1}{12}$s spectacles. From these she derived little benefit. A careful test under duboisia was made, and revealed monocular astigmatism (in the unusual direction) and decided anisometropia. For the left eye + $\frac{1}{24}$s, and for the right eye + $\frac{1}{12}$s ⊂ + $\frac{1}{72}$ c ax 180° were prescribed, and her headaches and asthenopia were promptly relieved.

Case II.—Bro. A., was under the care of one of the best known of the Philadelphia oculists. He had so decided a choroido retinitis in the region of the yellow spot of the left eye, that his ametropia seemed to have been overlooked in the attention to the retinitis; yet there can be little doubt that the pronounced error of refraction which was afterwards found was the cause of the choroido-retinal trouble. When first examined there was marked ciliary spasm and apparent myopia. Right eye V=$\frac{20}{CC}$ left eye=$\frac{20}{CC}$. Duboisia was instilled, and subsequently atropia was used for some days. In each eye Ht. $\frac{1}{36}$ with ah $\frac{1}{48}$, (in the unusual direction) was discovered, and with + $\frac{1}{60}$s ⊂ + $\frac{1}{48}$ c ax at 150° in one eye, at 30° in the other, he subsequently had V=$\frac{20}{XX}$, and was able to use his eyes with comparative comfort, though, when he passed from under observation, his optic discs were still very hyperæmic and his eyes not yet entirely comfortable.

Case III.—Miss S., who had also suffered with headache and asthenopia, and who had a slight apparent insufficiency of the external recti muscle (manifest only in distant vision) received a pair of prismatic glass (basis outwards) from a distinguished oculist in New York. They gave her no relief. A test under homotropia showed compound hypermetropic astigmatism in each eye, the degree of astigmatism being slight, but the direction such as to make its correction most important. The following glasses were ordered, and relieved her promptly of the troublesome symptoms. Left eye + $\frac{1}{144}$ s ⊂ + $\frac{1}{144}$ c ax 10°; right eye $\frac{1}{144}$s ⊂ + $\frac{1}{72}$ c 170.°

Case IV.—Miss F., had suffered for a long time with asthenopia and severe headaches. She also had had prisms prescribed for her, and had submitted to a tenotomy of the external rectus muscle, but seems never to have had her astigmatism corrected. She was examined under duboisia and homotropia, and found to require the following glasses, which she was directed to wear constantly. Left eye + $\frac{1}{48}$s ⊂ + $\frac{1}{144}$ ax 15°; right eye + $\frac{1}{48}$s ⊂ + $\frac{1}{72}$ c ax 115.° With these she had V=$\frac{20}{XV}$ with both eyes, and could read with ease J. No. 1, and, although when last seen she had worn her glasses but a few days, she was already decidedly more comfortable.

Case V.—Teresa B., a colored school teacher of intelligence, who recently came under observation, had been more fortunate, and yet less fortunate than the preceding cases. Her astigmatism had not been overlooked, but she had been given — $\frac{1}{144}$ s ⊂ — $\frac{1}{36}$ c ax is 180,° when she actually required + $\frac{1}{144}$s ⊂ + $\frac{1}{36}$ c ax 180,° and thus instead of being corrected her astigmatism had been doubled. In the opposite eye she had a considerable amount of myopia with astigmatism, and this eye had been practically ignored. Although her glasses increased her discomfort, made it difficult for her to read small type, and reduced her vision to $\frac{20}{XL}$, she wore them persistently for *two years*. She was given, for constant wear, left eye—$\frac{1}{8}$s⊂ — $\frac{1}{16}$ c ax 90°; right eye + $\frac{1}{144}$s ⊂ + $\frac{1}{36}$ c ax 180,° by which her vision was increased to $\frac{20}{XV}$, and her asthenopic symptoms at once relieved.

DISCUSSION.

Dr. Hiram Woods called attention to one of Dr. Theobald's cases in which there had existed symptoms of asthenopia and in which the doctor had failed to find any defect in the refraction of the eye until he had put the eye under homotropine. All the trouble then shown was a H. As. of 0.25 dioptrie at 180.° Morton, Senior Assistant Surgeon in the South London Ophthalmic Hospital, states, in his book on the "Refraction of the Eye", that an eye is practically emmetropic which does not, *when fully under a mydriatic*, require a convex glass stronger than 1 diop. ($\frac{1}{37}$) for parallel rays. From what he had seen of refraction troubles, Dr. Woods does not think it is possible to lay down any rule of this kind. The same degree of hypermetropia or astigmatism which will cause one patient a great deal of trouble, will give another person no trouble at all. Our chief guide as to the partial or total correction of a refraction error should be the comfort of the patient. It is wrong to deprive a patient of a very weak glass which helps (just because it is *weak* and has only been *found by the aid of atropia*). It is also wrong to force the eye to accommodate itself to a stronger glass than it will comfortably accept, simply because we know there is a higher degree of error than the eye, so to speak, is cognizant of. Dr. Woods had found it useful at times to correct low degrees of (apparently) myopic astigmatism by putting a *convex* cylindar on the *emmetropic meridian*, thus reducing the eye to the standard of the myopic meridian. This should only be done when the glasses are to be used for *near work*. It is known that myopes do not use their accommodation for *near work* to so great extent as emmotropes, and this relief to the accommodation may account for the comfort experienced by persons, having simple myopic As., from the use of a *convex* cylinder in the emmetropic meridian. Two cases were given—both of young sewing women—who used their eyes ten to fifteen hours daily. Both had also had asthenopia. One case had $\frac{15}{15}$ D. V. in each eye. The right eye obtained $\frac{15}{15}$ by—0.25 diop. cyl. ($\frac{1}{148}$) at 150.° The left eye required 0.5 diop. cyl. ($\frac{1}{74}$) at 90.° The patient greatly preferred the *convex* cylinders at 60° and 180° for near work. With them the asthenopia disappeared. The other case had been wearing + $\frac{1}{42}$ spherical. D.V. $\frac{15}{30}$ each eye. The convex cylinders needed to give $\frac{15}{15}$ D. V. were R. E.—0.5 diop. 180.° L.—0.75 diop. 180.° For *near work* the patient preferred the convex cylinders at 90° and has worn them with comfort a month.

In reply to a question of Dr. Theobald—neither case could spare the time for a mydriatic, so there is no certainty that the real trouble may not have been (as suggested by Dr. Theobald) H. As. *simulating* myopic As.

Dr. J. J. Chisolm has since the first of January seen 86 cases of astigmatism, and his observations lead him to confirm the opinion of Dr. Theobald—that many of these cases receive the greatest amount of benefit from the correction of a very sligh degree of astigmatism. Among the number he has seen individuals in whom only a small amount of this defect gave rise to most painful symptoms, while others, in whom the error in curvature is very great, experience no painful symptoms whatever.

Dr. H. P. C. Wilson read a letter written by him to Dr. Mundé, of N. Y., upon the subject of

INTRA-UTERINE MEDICATION.

Dr. John Uhler agrees with Dr. Wilson upon the value of intra-uterine medication.

In urethral operations performed by Dr. T. M. Markoe, of New York, it is the custom to smear the hair of the pubis and perineum with iodoformed oil, gr. iv and ℥ij of fluid cosmoline, and to inject a small syringeful of the same into the urethra before any instrument is introduced into the canal. All these latter are greased with iodoformed vaseline, ℥j ad ℥j (which keeps freer from chemical change than does the oil).

By the will of the late Lord Gifford, a Lord of Session, £80,000 are appropriated to found, on certain conditions, lectureships on natural theology in the Scotch Universities. Of this sum, £25,000 are devoted to Edinburg University, £20,000 each to Glasgow and Aberdeen, and £15,000 to St. Andrews.—*British Medical Journal.*

OBSTETRICAL SOCIETY OF PHILADELPHIA.

REGULAR MEETING HELD FEB. 3, 1887.

The President THOMAS M. DRYSDALE, M.D., in the chair.

EMMET'S NEW OPERATION FOR PROLAPSE OF THE POSTERIOR VAGINAL WALL OR SO-CALLED LACERATION OF THE PERINEUM.*

DISCUSSION.

Dr. W. Price described a plan for the temporary securing of the sutures at the moment of insertion. The ends being left long two perforated shot are slipped on, the first one is to be the permanent fastening and is left loose, the second is compressed to secure the suture ends together and to prevent the other from slipping off until the time for final closing when the first is pushed down and compressed.

Dr. Joseph Price described several ways of securing sutures so as to avoid imbedding the free ends of silver ones and to secure easy extraction. Over the silver wire pass the Aveling coil and shot; this will greatly facilitate it removal. He also made some critical remarks on different methods of operating for perineal restoration. The inside method of Emmet gives the best results. The use of well prepared cat-gut for the sulci sutures materia ly facilitates the operation. Get the sutures fresh from the alcohol and drop a shot over before they swell.

Dr Chas. Meigs Wilson stated that the difficulty of representing the operation diagrammatically is owing to the fact that the plane of the posterior wall of the vagina is altered by the traction upon the tenaculum holding the crest of the rectocele. The needle figured upon the blackboard by Dr. Packard was not a Baker Brown needle as stated by Dr. Packard, but a modified staphylorraphy needle, the needle arm being longer, thinner and having a greater arc of curvature than the ordinary staphylorraphy needle. It was first devised by Dr. E. Wilson to use in uniting the freshened surface in Emmet's operation upon the cervix. The objection to its use in colporraphy operations is that owing to the shortness of the needle arm, the shoulder of the needle, *i. e.*, the junction of the needle arm with the handle, made such a large opening in the mucous membrane of the vagina that the stitch was liable to tear out, especially if there was much tension before the union had taken place.

Dr. Longaker spoke of the advisability of the primary operation. He believes all forceps with long blades and large heels will do damage to the vaginal outlet. He has seen transverse tears of the outlet after natural as well as instrumental labor. It has been remarked that perineal ruptures may exist without causing symptoms, but this is no reason why tears in general should not be repaired. He believes in performing the primary operation in every case. He likes the Chinese silk for sutures. He has examined a perineum immediatelp after labor and found it apparently intact and a month later found a rectocele and cystocele, indicating a submucous tear.

Dr. Joseph Price, upon request of the President, remarked that he had seen Mr. Tait operate for complete tear into the rectum, also for partial laceration and rectocele. He operates so rapidly that it is difficult to follow him. He makes two scissors cuts, one on each side of the laceration, splitting the tissues from the centre line latterally and forward. He removes no tissue, but throws one flap inside and the other out, and closes by interrupted buried sutures of silk worm-gut. In the complete rent, he splits the septum latterally, turning one flap into the bowels, the other into the vagina, and closes by interrupted transverse buried sutures, with two or more external sutures.

Dr. H. A. Kelly stated that this operation was not original with Mr. Tait. It had been originally devised by A. R. Simpson, of Edinburgh, and

*See page 393.

a description with illustration is to be found in Hart & Barbour's Manual.

Dr. Baldy, in closing the discussion, stated that the needle used by Dr. Emmet was round, slightly curved at the point and from three-fourths to one inch in length. He uses it with a needle-holder, and as a rule prefers to have it threaded with a silk loop into which the wire sutures are hooked. Dr. Baldy has now in his care a patient whose fourchette is perfect but scar-tissue can be felt inside of the perineum and there is some little prolapse of the posterior wall. When she was delivered some weeks ago the need of an operation became apparent, as at that time the anterior wall and bladder prolapsed before the head in a mass as large as a base ball. He does not sympathize with the total condemnation of the forceps, they are needed sometimes, though frequently abused; neither does he approve of the so-called support of the perineum, either by towel or hand, nor the idea of holding the head back, because these methods deflect the force of the uterine contractions against the posterior wall and the pelvic floor. He has seen cases which had been operated on by the old method by eminent gynecologists, in which the result was a perfect external perineum but in which the pelvic floor was as badly off as it had been before the operation. The floor was completely restored by the Emmet method subsequently.

Dr. Jos. Price read an extract from Dr. Emmet to himself. "I am very glad that the woman who was operated on has fallen into your hands so that you may be able to make a report of the exact condition after labor. I have not kept any accurate account, but I think I have heard of some twenty cases who have gone through labor without accident after the operation at the vaginal outlet had been done. On the other hand I have not heard of a single case where the parts were torn after the operation, which is of more value, for I should be more likely to hear promptly of the failure than of the success."

Correspondence.

ADULTERATION OF FOOD.—INFECTION AND DISINFECTION. — FEMALE MEDICAL STUDENTS, ETC.

PARIS, February 8, 1887.

Editor of the Maryland Med. Jour.,

Nothing indicates more certainly the cupidity and viciousness of the age than the rapid increase, from year to year, of sophisticated articles of food. In the third edition of the "Encyclopædia Britannica," published a little more than half a century ago, the subject of the adulteration of food and other articles of common use is discussed in *two and a half lines*. "We have laws," remarks the writer, "against the adulteration of coffee, tea, tobacco, snuff, wine, beer, bread, wax, hair powder, and so forth." The Encyclopædist did not care apparently to tell his readers in what manner the substances which he named were adulterated or what laws there were in force for punishing the act of debasing a pure or genuine commodity for pecuniary profit, or by taking from it one or more of its constituents. In the latest edition of the same Encyclopædia, which has just been published, no fewer than ten closely printed quarto pages of two columns each are devoted to the subject of adulterations of food and cognate articles; and the penal legislation framed to punish the pernicious practice is minutely traced from the statute of Henry III, which condemned to the pillory all dishonest bakers, vintners, butchers, merchants and others, down to the Act of Victoria which was passed in 1872 for the prevention of adulteration of food, drink and drugs. Looking at the very large amount of public attention concentrated on the subject of the sophistication of solid and liquid food in England, it might fairly be thought that the scandalous grievances complained of had been all but entirely abrogated in that country. To judge, however, from a report recently issued by Dr. Sedgwick Saunders, the

Public Analyst of the City of London, it would seem that, in the boundaries of that great Municipality, while the process of adulteration still goes briskly on, the public continue to show the strongest apathy and indifference to the working of the anti-adulteration Acts. The Public Analyst states that during the year 1886, he has made as many as 188 analyses of a most miscellaneous nature, comprising as they did milk, whiskey, gin, mustard, drugs, disinfectants, water, butter, butterine, pepper, mineral-waters, oil, pickles, salted herring, bread, and arrowroot.

Dr. Saunders, in a subsequent portion of his report, has something to say touching the adulteration of malt liquors; but we miss from the list of articles analysed tea, coffee, sugar, chocolate, coca, confectionary, cheese and lard whence we are led to the conclusion either that the persons who formerly did such a profitable business by adultera ting these commodities have sternly resolved to walk only in the paths of virtue by manfacturing and selling none but genuine articles, or that the bulk of the great army of customers do not care whether the commodities which they consume are genuine or debased. Dr. Sanders thinks it is the public who are chiefly to blame in the matter. It is not probable that they have any special liking for being poisoned or swindled; their fault is that, so long as an article of food looks well and does not taste very nasty, they are as a rule utterly indifferent to it genuineness or the contrary.

With us the evils of adulteration are complicated and increased by the fact that there is far from a concensus of opinion between the dealers and the authorities, and unfortunately the dealers are the most potential with "the powers that be," as was manifested in the action of the last Maryland Legislature in rejecting a bill presented by the State Board of Health for the protection of the public against adulterated and unwholesome food; and especially the adulteration of cow's milk, upon the purity of which the lives of many thousand infants annually depend. In England, France, Germany, and indeed most of the European States, there is a fixed limit for the composition of cow's milk and the days have passed away forever when milk can with impunity be adulterated with chalk and calves' brains, but the chief adulterant of the lacteal food is still "the cow with the iron tail." In Maryland milkmen and dairymen would, it is scarcely necessary to say, scorn the act of diluting their milk with water, or in any way playing tricks with the pure product of the cow. Yet, by some misterious means or other, the milk is not unfrequently tampered with, and if "poor Ophelia" had taken to a milk diet instead of drowning herself, she would still have suffered from "too much water."

When Dr. Sanders arrives at the contemplation of some of the American products, much used in England and on the Continent, he is not entirely free from doubt. With respect to cheese, it is difficult to say how it can be adulterterated, but it is certain, as many persons have found to their cost, that American cheese may have a very injurious effect upon health. So is it, unfortunately, the case with tinned salmon, oysters and lobsters. "In these instances" says Dr. Saunders, "there may not be positively 'Death in the Pot,' but there is assuredly a very large quantity of illness in the attractive looking cans from beyond the Atlantic."

In the current number of the London *Fortnight Review* appears a very instructive article on, "Infection and Disinfection" from the pen of Dr. Robson Roose. It cannot be said that the facts adduced or the conclusions drawn therefrom by the writer are in all respects of a particularly reassuring character. They tend to disturb rather than soothe the fears concerning the dangers of infection from disease under the ordinary conditions of life, but the truths they teach are urgently needed. It is high high time that sanitarians and physicians should declare strongly and clearly that there is too much reliance on popular modes of disinfection which are misleading and dangerous. The

schemes of mere deodorization which are so fashionable at this time have not only failed to effect their purpose, but belief in their efficacy has caused mischievous results a sense of false security and neglect of ventilation and cleanliness as regards sick persons and surrounding objects. The fact is very incompletely realized that ventilation—that is, the continual admission of fresh air—is the only safe method of purifying the atmosphere of rooms containing sources of infection, while a majority of the so-called disinfectants are of little or no avail to prevent the spread of disease.

Dr. Roose warns the public against placing too much reliance in those agents and then proceeds to points out certain processes on which reliance may may be placed. "A very high temperature will," he says, "destroy all forms of organised matter, and if we could always isolate the germs of disease and expose them to great heat, our task would be accomplished. Such isolation is, of course, impossible, but we make use of heat in the destruction of germs which have found a resting place in clothes and bedding. The articles are placed in ovens or hot chambers, the temperature of which can be raised many degrees above the boiling point of water * * * * * Exposure to a current of steam at a temperature of 212 degrees is still more satisfactory than the use of dry heat. It involves less injury to the articles to be disinfected—a very important point when blankets and other woollen goods have to be dealt with. Washing the clothes with soap and hot water, and then boiling them for several hours, forms an effective substitute. For the disinfection of the air of rooms, it is simply useless to place saucers containing chloride of lime, carbolic acid, or Condy's fluid in the room with the hope that the germs floating about therein will be caught and killed like mice in the trap. The chlorine, doubtless. will remove some offensive odors and readily diffuse itself throughout a room, but to act as a true disinfectant it must be so much concentrated that the air in the space containing it would be quite irrespirable by human beings. It is, however, when used scientifically, the best disinfectant we possess for purifying the walls, etc., of an empty room. All the openings should be rendered as nearly air tight as possible, and the evaporation of a large quantity of water in the room aids the action of the chlorine. It is easily generated by adding hydrochloric acid to bleaching powder. For deodorising purposes in sick rooms and passages, a gas called 'enchlorine' will be found very servicable. It is produced when a few crystals of chlorate of potassium are dropped into a little hydrochloric acid. The mixture can be conveniently made in a small wide mouth bottle, which should be placed as near the ceiling as possible, so that the gas may descend into the room. Bromine is even more powerful as a disinfectant than chlorine, and both are far superior to sulphurous acid. Carbolic acid has been much overrated as a disinfectant. The spores of micro-organisms discovered in cases of splenic fever have been found to be absolutely unaffected after lying for upwards of three months in a 5 per cent. solution of carbolic acid in oil. It has also been found that vaccine matter mixed with carbolic acid in solution still retains its efficacy, and the question may therefore well be asked whether the highly diluted carbolic vapor used for purposes of æriel disinfection is not powerless to deal with an atmosphere saturated with the germs of infectious diseases." Dr. Roose's article is calculated to destroy many cherished illusions on the subject of disinfectants, but it is by no means devoid of comforting facts and encouraging suggestions.

There are at the present about 108 female medical students attending the lectures of the Paris Faculty. Some of these are English, and some Americans, but the majority are Russians. Very few French women are among the number, for the daughters of Gauls do not take kindly to the blue-stocking business, being more intent on millinery and man-hunting. The Russian female students are a curious and unkempt lot. They live in a primitive kind of place

at the back of the observatory, using one large room as their study and dormitory. Some of them are married and have children. Judging from the number I have met in the Dupuytren museum, from time to time, I must believe they are particularly fond of anatomy and surgery; or it may be the monstrosities one sees there that attracts them.

C. W. Chancellor, M.D.

PLACENTA PRÆVIA.

Rockville, Md., Feb. 28, 1887.

Editor of the Maryland Med. Jour.

Dear Sir:—I was called to a case of labor on the 25th of October, 1886, about ten o'clock in the morning. The woman was thirty-five years old and had borne five live children and had had several miscarriages. When I made the first examination, shortly after seeing her, I found the os slightly dilated and a vertex presentation. Moderate pains continued until ten that night, when I administered a fourth of a grain of morphia, which gave her three hours of quiet sleep. Strong contractions then came on and increased in severity until seven o'clock in the evening of the 29th. The woman saying she could bear the pains no longer, I then ruptured the membranes, the water escaped and a profuse hæmorrhage set in. The womb was dilated to its fullest extent before I ruptured the membranes. I introduced my hand and found a marginal attachment of the placenta and the child's head above the brim of the pelvis. No contractions having occurred since the flooding commenced, I gave a drachm of fluid extract of ergot every ten minutes, until three doses had been administered, and then placed a lump of ice, wrapped in a towel, on the abdomen. The hand was reintroduced for the purpose of turning, but a contraction coming on it was withdrawn. The contraction lasted until the child was expelled, alive and crying, the afterbirth following soon after. There had been a great loss of blood in the early part of gestation, but none for several months prior to confinement. I did not know that I had a case of placenta prævia to deal with until the bag of waters had been broken. The woman made a good, but slow recovery.

Yours Truly,

Edward Anderson, M.D.

RING PESSARY IN TREATMENT OF FRACTURED PATELLA.

A subscriber writes, "I desire to call attention to a simple, inexpensive and efficient plan of treating fracture of the patella. The only articles required are a gum ring pessary, two strips of adhesive plaster two inches wide and long enough to go round the limb, one above and the other below the knee, and a few yards of muslin bandage.

Bring the fragments as closely together as possible and encircle with the ring, secure the ring in position by two strips of muslin passing through it and connecting with the adhesive strips. Then bandage well, with this treatment considerable latitude of motion may be allowed the patient in bed without injury and in most cases he may be allowed to sit up in three weeks.

Six cases have been treated in this way within the last ten years, all of which have resulted satisfactorily."

Antifebrin in the Royal Infimary, Edinburgh.—Antifebrin has now been employed for several months in the Royal Infirmary, Edinburgh. It was used by Prof. Grainger Stewart shortly after the first account of its properties was published, since then it has been largely used in more than one ward. The antipyretic qualities of the acetanilide have been most thoroughly tested, and it now occupies a high place among the febrifuge resources of the Infirmary. More especially it has proved superior to antipyrin, kairin, and thallin, in its freedom from accompanying disadvantages, such as the production of vomiting, rigors, and other discomfort, at the various stages of its action.—*British Med. Jour.*, Feb. 19, 1887.

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BALTIMORE, MARCH 19, 1887.

Editorial.

FRACTURES OF THE FEMUR IN INFANTS.—Whilst fractures of the femur are rare during the first year or two of life, they are stated by Holthouse in Holmes' System of Surgery to occupy the second place in point of frequency during the periods of infancy and childhood. These fractures may occur at any time subsequent to birth, and in fact during intra-uterine life also; thus Gross records a case which came under his observation which was but four weeks old, and Agnew a similar case. The case mentioned by Gross was caused by another child rolling over the baby's thigh, whilst it was lying upon the bed. Fractures of the femur in children are usually transverse, or at least the obliquity is not great, hence there is but little tendency to shortening or displacement, the slight muscular development of the limb likewise is favorable for union without shortening. Greenstick or incomplete fractures of this bone also occur, where there will be a bending of the limb without the usual signs of fracture. Union occurs with surprising rapidity, Gross giving 15 to 20 days as the time in which consolidation is effected. These fractures are always troublesome to treat on account of shortness of the limbs, the looseness and flabbiness of the soft parts and the impossibility, or at least great difficulty in preventing the dressings from being soiled by the urine and feces, and the danger of excoriation and chafing of the child. It can be readily seen that there are many elements favoring the securing of repair without shortening or deformity, but there are also several factors which somewhat oppose the obtaining of this very desirable result, thus the natural fretfulness and restlessness of a very young child, especially when restricted in its movements, the necessity of taking it up for purposes of feeding or of ablution, tend to disturb the fragments and to interfere with satisfactory repair. Owing to the difficulty of applying a satisfactory apparatus Sir James Paget advised that the limb should be flexed and simply laid upon its outerside without any splint, but this advice has never received much acceptation. Gross and Agnew recommend long side splints secured by plaster of Paris bandages. The same result may be effected by by silicate of soda, the "wasserglass" of the Germans, but it requires 12 to 14 hours to set, which is a disadvantage; or starch may be employed for hardening purposes. Whichever of these agents is used, either with or without side splints, it will require to be covered with a coat of shellac or carriagemaker's varnish in order to render the dressings impervious. Bryant prefers vertical extension when the child is under three years of age, and has used this method satisfactorily in the cases of a child that was but eight months old. Southam in Treves Manual of Surgery also expresses a preference for vertical extension. Whilst vertical extension is undoubtedly an exceedingly good method of treating the fractured thighs of children, it seems to us that it could scarcely be applied to a nursing infant or to a restless or fretful child.

Mr. Bryant advises "that the injured limb of the child, with the sound one be flexed at a right angle with the pelvis, fixed by some light splint, and hoisted upward to a cradle, hook, or bar above the bed. By these means the child can be well looked to for purposes of cleanliness, and a good result may be expected. Kümmell, of Hamburg, holds this method of vertical extension in fractured thighs in infants to be best."

When the child is over five years of age Bryant prefers the double splint. Holthouse says it is seldom necessary in the broken thighs of infants to do more than apply soap plaster spread on leather from the knee to the hip, secured firmly by bandages. The treatment which seems to have met with the greatest acceptation is that of F. H. Hamilton by means of two side splints, extending from the axillæ to below the feet, and secured together by a cross piece, both limbs are thus firmly secured, extension and counter extension is made, and the child can be taken up nursed or washed, or put into a coach and wheeled around. C. Heath speaks well of this treatment. Whatever method may be adopted, it will require great attention on the part of both surgeon and nurse to secure cleanliness without disturbing the fracture dressings. We incline to the belief that the method of Hamilton or some analogous plan of treatment will give the best results in these cases, as it allows an easy inspection of the limbs, can be readily removed or redressed and permits the child to be taken up.

Substitution by Druggists.—Our attention has been called from several sources to a practice employed by not a few druggists of substituting drugs in the compounding of the physician's prescription. For example, a physician orders sulphate of quinia and the druggist makes use of a cheaper alkaloid, or the physician orders deodorized tincture of opium and the druggists uses the simple tincture. Gelatine coated pills of a given named manufacture are prescribed and the druggist fills the prescription with sugar coated pills of a different manufacturer. There are an infinite number of ways in which substitutions may be made, some so insignificant as to deserve no comment, and others so grave as to demand correction. The principle is the same whether the act of substitution be great or small, insignificant or important. It is against this principle that we would address our remarks. We hold to the position that the druggist should keep to the strict letter of the physician's prescription, unless some good reason be offered why he should deviate from the order placed in his hands. When quinia is prescribed in a given quantity and in a given way it is to be presumed that the physician has a reason for ordering the drug in the manner indicated. The druggist should fill this order unless he is convinced of an error upon the part of the physician, or unless the combination is one he cannot make. Under these circumstances he should give his reasons for non-compliance with the order, and either communicate the fact to the physician or owner of the prescription. This will prevent mistakes. But substitution does not occur in this way. It is more often the result of design. Self-interest impels the man who undertakes to sell remedies to employ cheap and worthless drugs. He buys inferior preparations, employs interior skill in their compounding and sells at a lower price in order to secure custom. Competition in drugs is a dangerous foe to the physician. When a physician is compelled to combat disease with cheap and inferior remedies he is placed at a two fold disadvantage. He has no guarantee that the remedy ordered will be given, or if given, whether it will not prove worthless.

If physicians would escape the evils of substitution they must direct their prescriptions into the hand of honest and competent druggists. There area number of such men in every large city. We by no means advocate the practice of running drug stores, but every practitioner of medicine should consult the welfare of his patients, as well as his own reputation. To do this he should see that the drugs he prescribes are properly compounded and administered as ordered.

Fatal Mistakes From Poisonous Drugs.—The unfortunate death of a prominent druggist in Washington from aconite, taken by mistake for whiskey, again emphasizes the importance of additional precaution in bottling and labeling poisonous drugs. So often do these accidents occur that it seems strange druggists do not adopt some additional safeguard against their repe-

tition. There are certain drugs which so closely resemble each other that nothing but a label will serve to mark them to ordinary sight or taste. Morphia and quinia, aconite and whiskey are so nearly related in their physical aspects that these drugs serve as representatives of a large class of fatal accidents from substitution. Indeed it is from these agents that deaths most frequently result. The fact that the Washington druggist destroyed his own life by self-administration of aconite in lieu of whiskey is bad enough, but grant that his mistake had have resulted in the death of some one else through his own oversight the lesson would have been most painful in the extreme, and sufficient ground for attempted self-destruction, as was witnessed some months ago in Jersey City in the case of a well-known druggist of that city. Considering the facts as they appear, we ask, Why do not druggists employ some method of preventing such occurrences? It would seem that ordinary care upon their part would prevent such casualties as are from time to time reported. Aconite should be kept in such a vessel as will distinguish it from drugs which resemble it. It should be kept on a different shelf and among drugs labeled as poisons. The same rule should be adopted in the case of morphia, strychnia and similar agents. A druggist should not compound a prescription containing poisonous ingredients when his attention is absorbed or diverted. He should have his mind clear and know what he is doing. Whilst we wish to commend the pharmaceutists as a class for their care, skill and caution in filling the numerous prescriptions placed in their hands by all kinds of physicians, careful and careless, we may be permitted to suggest that accidents may occur of which we have no record. Many a patient has doubtless been helped across the river by poisonous doses, whose death was ascribed to natural causes. We have no way of determining the actual results of carelessness upon the part of druggists any more than we have upon the part of physicians. That both are contributors to casualties which result in death can not be disputed, and that both should throw additional safeguards around their work cannot be too strongly urged.

Miscellany.

Suprabubic Lithotomy.—Mr. McGill read a paper on three cases he had recently operated on. From the first, a man aged 40, upon whom lithotomy had been performed seven years previously, he extracted three stones, weighing 3 oz. 120 grains, and 10 grains, respectively. Urine passed by the urethra on the twentieth day, and recovery was complete. In the second case, the stone weighed half an ounce; the wound was healed on the tenth day. In the third case, there was considerable doubt as to whether there was a stone really present, but eventually a calculus weighing 10 grains was extracted. The wound in the bladder was stitched up, but urine escaped by it. Mr. McGill pointed out that there was a singular co-incidence between the mortality after lithotomy in early days and at present. According to the Norwich statistics, 56 per cent. of cases proved fatal when the stone weighed more than three ounces, and 28 per cent. of cases over forty. He thought the operation had many obvious advantages over the usual lateral incision: in facility of performance, convenience in thoroughly exploring the bladder, and in the diminished risk of hæmorrhage; and that shortly that operation would be completely superseded by the suprapubic method. With regard to lithotomy, he pointed out that, in Sir H. Thompson's practice, one case in seven had a recurrence of the stone. Curiously enough, Cheselden did nine suprapubic operations without a death before he took to the perineal operation—Mr. Jessup spoke well of the operation; he had performed it on a man in whom a large stone was encysted, and irremediable by the usual method; and also in an old man with a very large stone. The latter case proved fatal from extensive old renal disease.—Mr. Wheelhouse pointed out that lateral lithotomy held its ground in former times on account of the rapidity with which it

could be performed in the pre-anæsthetic period. At one time, median lithotomy threatened to monopolise the field; but he held now that, with a small stone and a healthy bladder, lithotrity was the best operation; while in an old patient, with a large stone, suprapubic incision was to be perferred.—Mr. Mayo Robson has performed the operation twice—in one case successfully, suturing the bladder, and obtaining primary union of the wound. He recommended that this should always be done, sutures being passed previously, parallel to the intended vesical wound, so as to draw the edge close to the skin before passing the catgut suture through the muscular coat.—*British Medical Journal.*

Inhalations of Pure Carbolic Acid in Pertussis.—Dr. R. Pick ("Deut. med. Zeit.," 1886, No. 75), acting on the theory that whooping-cough is due to bacilli, has employed inhalations of pure carbolic acid, by means of a peculiar constructed mask, in five cases of that affection. From fifteen to twenty drops of the acid were used on a piece of cotton-wool attached to the mask, and inhalation was kept up the whole day when possible, and in every case at least eight hours daily. The course of the disease was decidedly modified and shortened in all the five. A cure in about fourteen days. There was no unpleasantness or symptoms of intoxication in any of the cases. The urine was examined daily. —*N. Y. Medical Journal.*

Degree of Acidity of the Urine.—Dr. J. Michaux, of Richmond, Va. (*Practice*), gives the following practical method of ascertaining the degree of acidity of the urine:—The idea suggested itself that a ready and convenient method would be to neutralize a given quantity of urine—say one ounce—by adding the officinal liquor potassæ, *guttatim*, and designating the acidity numerically in accordance with the result. For instance, if a sample should require 30 drops of liquor potassæ to neutralize an ounce, it could be accurately and tersely stated by the expression—"Acidity, 30." It is only necessary to take two drachms or some small quantity, and as the successive drops of the alkaline solution are stirred in, small bits of blue litmus paper, conveniently arranged, are to be touched with the stirring-rod until the color shows that the object has been attained. The use of litmus paper alone gives no definite idea of the amount of acid present.

My claim for this method is that it will constitute a simple and accurate means of determinging the *degree* of acidity, and that after a few experiments a fair standard can be easily arrived at which will be of value in the treatment of gout and rheumatism, and, possibly, other affections.—*Epitome.*

Heroic Dose of Turpentine in Croup.—In an obstinate and dangerous case of diphtheritic croup, which had extended into the larynx, after painting with boracic acid, and subsequently with a chloric acid application, without benefit, the child's condition becoming worse and worse, Dr. Lewentaner, of Constantinople, before resorting to tracheotomy, remembering a paper by Demlow, in which turpentine was recommended in these cases, determined to give it a trial, and so administered with his own hands a teaspoonful of the pure oleum terebinthæ, giving after it some warm milk. In a quarter of an hour the labored laryngeal breathing had given away to normal respiration sounds. That night the child slept well and was quite free from the brassy cough which had previously been present. The next morning he was quite lively and was found playing with his toys. All trace of the false membrane had disappeared from the pharynx, which merely presented a redened surface. Covalescence was rapid and unterrupted. The turpentine, however, caused an eruption on the face, trunk, and extremities, having much the same appearance as the rash of measles, but of a brighter red. The spots completely faded in two days, and was followed by no sign of desquamation.—*Lancet*, Feb. 5, 1887.

Medical Items.

New York has nine hundred Hebrew physicians, so says a writer in *Mail and Express.*

The medical department of the University of New York has recently graduated 151 students.

A movement has been set on foot in New York City by which it is expected to raise $100,000 for the benefit of of the Woman's Medical College of that city.

Philadelphia has eight female physicians who have each an annual practice of over $20,000, and a dozen or more women dentists who make large sums.—*Ex.*

We learn on the authority of the *Medical and Surgical Reporter* that Dr. H. C. Wood, of Philadelphia, has been called to the chair of Practice of Medicine in the Medical Department of Johns Hopkins University.

The Lancet says Dr. Hofmeier has been given temporary charge of the late Professor Schroeder's clinic at the University of Berlin, and that Professor Zweifel, of Erlangen, has accepted the chair of obstetrics at Leipsic.

Dr. E. R. Squibb, of Brooklyn, has made and sold 70½ pounds of cocaine since October, 1884, using in the process more than 22,000 pounds of coca leaves. The price has fallen from $1.25 to 1½ cents per grain.

Mr. J. S. Morgan, the well-known American banker in London, has promised the munificent sum of £10,000 in aid of the funds of Guy's Hospital, on condition that the £100,000 required to put the institution into a state of thorough efficiency be secured by May 1st.

The University of Michigan is about to establish a school of hygiene to be placed under the direction of Prof. V. C. Vaughn of the State Board of Health. In this school besides the ordinary branches belonging to hygiene and sanitary science will be taught climatology, analysis of air, water, etc.

Dr. W. S. Searle, of Brooklyn, who was brought into notice as the medical attendant of the late Henry Ward Beecher, enjoys the distinction of being a member of no special school. He is said to be regular and liberal in every particular. This means, we presume, that belongs to Mr. Beecher's school, which was certainly liberal if not regular.

Congress has appropriated $10,000 towards the conduct of the Ninth International Medical Congress. This pittance will provide free lunches for delegates, but will hardly suffice to lubricate all of the machinery of so large an affair as we are told the Congress is going to be. The medical profession in this country has more wealth than it needs and it is expected to make up the deficit.

The late Dr. Wakley, the editor of *The London Lancet*, bequeathed to the University College of London, his residence at Longcross, together with eight acres of land for the purpose of founding a convalescent home for patients from the London hospitals and as a memorial of his father, the founder of the *Lancet.* He also left £1,000 for its maintenance.

The seventh annual commencement of the Baltimore Medical College was held at the Academy of Music on March 15th. The degree of M.D., was conferred upon eight graduates. Prizes were awarded as follows: The first college prize to T. B. Freed; the second college prize to T. O. Meredith. The Scarf prizes were also awarded to the aforesaid graduates.

At the end of the year 1885-86, the number of cinchona plants on the four Madras plantations of the British Government was nearly 2,000,000, while those of the Bengal Government, at Sikkim, number nearly 5,000,000. The former plantations produced, in the year, 113,300 pounds and the latter 339,201 pounds. The profits have been so great that private enterprise is beginning to be attracted to the business.—*Boston Med. and Surg. Jour.*

It was announced several weeks since that Dr. Leopold Servias, of Antwerp, had been appointed by the Belgian Government as representative to the Congress in Washington. More recently we learn that Deputy Surgeon-General Jeffrey A. Marsten, M.D., of the British Army, has been designated a representative by his Government; and the Government of France, through the Academy of Medicine, has designated as representatives Drs. Charpentier, Dujardin Beaumetz, Léon Le Fort, Trélat and Vallin. From all directions, at home and abroad, the indications of a very large and interesting Congress are of the most gratifying character.—*Journal of Amer. Med. Asso.*

The fifteenth annual commencement of the College of Physicians and Surgeons of Baltimore, was held at Ford's Opera House on March 15th. The degree of M.D., was conferred upon 88 graduates. Prizes were awarded as follows: First college prize, Emmert C. Stuart, Va.; Brown Memorial prize, Howard S. Christian, Pa.; Howard prize, G. B. Woods, Pa.; Bobbitt prize, Benj. F. Bartho, Pa.; Nicholson prize, W. Homer Hoopes, Pa.; Rickert prize, Emmert C. Stuart, Va.

The reunion and banquet of the Alumni Association of the College of Physicians and Surgeons was given in the evening at the Eutaw House. About 150 persons were present. Toasts were responded to by Dr. C. G. Hildebrand, Dr. Roger Martin, Dr. E. C. Stuart, Prof. J. S. Lynch and Prof. A. B. Arnold. The officers for 1887-88 are: President, Dr. C. G. Hildebrand; Vice-Presidents, Drs. J. A. Bachman, Dr. N. T. Carswell; Secretary, Dr. W. P. Spratling; Treasurer, Dr. Spencer M. Free.

Original Articles.

SPECIALISM IN MEDICINE*.

BY ROSS R. BUNTING, M.D., OF PHILADELPHIA.

The object in presenting this paper before the Society this evening is not with idea of offering anything new, but rather with the hope that in discussing this rather hackneyed subject, something of advantage to our profession may be suggested.

Specialism is a sign of progress. Herbert Spencer, in his *Illustrations of Universal Progress*, says, "From the earliest traceable cosmical changes down to the latest results of civilization, we shall find that the transformation of the homogeneous into the heterogeneous is that in which Progress essentially consists." In the development of the human organism the same law is followed from uniform to multiform, from simple to complex, from the general to the special, producing physiological division of labor or specialization of function. "It is always in the most advanced periods of civilization that division of labor is carried to its utmost limits. It is only the savage that combines in his own person in all their departments the character of philosopher, inventor and operator." (*Political Economy*, Wayland.)

"Medicine was practised primitively by the chiefs of families, of tribes, and of all nations, and by generals and legislators. Afterward it was joined to the sacerdotal office for a very long time. At last it constituted a distinct profession which was at a later period subdivided even into several departments." (Renouard's *History of Medicine.*) Medicine, surgery, and midwifery (the latter practised mostly by women, as it now is in some parts of Europe) appear to have existed long before the Christian era, but we think it is only within the last twenty-five years that real, true specialism may be said to have existed.

During this period there has arisen in our midst a practititioner known as the specialist. His advent was regarded with suspicion by the doctor, "He is like the locust plague of Egypt devouring all before him; he has mapped out all the organs of the body as his especial property leaving nothing for us," exclaimed the general practitioner. A writer in the *Pacific Medical and Surgical Journal* has become so alarmed at some one signing himself "Neurologist," that ironically he says, "Why not have a pneumatologist to attend to the lungs, a thermatologist to observe the temperature, a narcotizer to see that the patients sleep well, a defecator to attend to their bowels, and so forth." He was considered a quack, and many instances were related of his want of principle in appropriating the patients of his brother physicians. Although such cases occur at the present day not only among specialists, but in the profession at large, we think there are very few whose sense of honor is not better than that of Artemus Ward, who says, "You ask me about my principles? I ain't got no principles, I'm in the show business." It is not surprising that the family physician was astonished and alarmed when he found the inroads this special practice exerted upon his daily living. But the specialist has come to stay, like the female physician, and no amount of professional opposition will drive him from our midst. Lord Bacon says, "Surely every medicine is an innovation and he that will not apply new remedies must expect new evils." It were good, therefore, that men in their innovations would follow the example of time itself, which, "indeed, innovated greatly, but quietly, and by degrees scarce to be perceived." These innovations would certainly have been more agreeable, especially to the older physicians, had they come more gradually, but they were necessary for two reasons; 1st. The public wanted them, and were not slow in finding out that in many cases they were cured or relieved sooner than by the family doctor. The author of Lacon shrewdly remarks, "It is better to have recourse to a quack, if he can cure us, although he cannot explain it, than to a physician if he can explain one disease but cannot cure it." It is the

*Read before the Philadelphia County Medical Society, March 9, 1887.

fashion now to go to a specialist, for fashion reigns in medicine as in society. During the last twenty-five years how many methods of treatment have we seen, "that, like empires, have their rise, culmination, and decay?" People with the most trifling ailments seek special advice, in many cases that could as well be attended by their family physician. Some time since we were called to attend a baby, about ten months old, for an attack of diarrhœa, noticing a slight eruption on the face, the mother remarked "that the baby had been much worse, but having consulted *a skin doctor*, under *his* treatment it soon got better." If there be one class of cases which the family physician regards as his *especial* practice, it is that to which infantile ailments belong. Having anxiously watched the advent of the little ones, often through sleepless nights, it is but fair he should attend them for the many diseases of babyhood.

2nd. The accumulation of medical knowledge has become so great that one mind cannot master, much less employ, this knowledge in the practice of medicine. There are no "Admirable Crichtons" in our art. The genius of a Sydenham would shrink in despair before the immense masses of medical lore accumulated since his day. We read with astonishment the acquirements of Dr. John Mason Good, who, to the reputation of a polyglot added that of one of the foremost practitioners of his age. It is universally acknowledged that the men of one idea, those who confine their attention to one thing, be it business or a science, are the men who succeed, who represent the progress of the age, and whose names "posterity will not willingly let die." "There was once a boy put under the care of the Jesuits, who was noted for nothing but his stupidity. The teachers tried him abundantly, but could make nothing of him. At length one of the Fathers tried geometry, which so suited his genius that he became one of the first mathematicians of his age." We hear occasionally of physicians distinguished in the walks of literature, but it is extremely rare for them to be known to the public in this dual capacity—posterity never remembers them as such. Oliver Wendell Holmes is but little known to the world as the professor of anatomy, but as the genial Autocrat of the Breakfast-table, and the author of that charming novel, *Elsie Venner*. We know but little of Dr. John Brown, of Edinburgh, as a physician, but as the essayist. If we could imagine a physician thrown into a Rip Van Winkle sleep of, say ten years, and then recommence the practice of medicine, he would be astonished at his own ignorance, so great would he find the progress in all branches of our art. He would feel "like the mouse which thought his chest was all the world, was astonished when he stood upon the till and looked out to see what a great world lay beyond him." Having admitted the necessity of the specialist, we will now consider him in his relations to the medical profession. He ought to be regarded as the consultant of the general practitioner, and, when possible, to act and advise with him. An oculist once observed (with apparent satisfaction) that many people no longer consulted the family doctor about their eyes, but went at once to the oculist, as they would to a dentist for their teeth. With all due respect to the many honorable gentlemen in this line of the practice, this is belittling the family physician, and the tendency will be to throw the general profession into disrespect. Why should not a physician, who is worthy the name, be asked an opinion, whether his patient should consult a specialist? Encourage the public to act in this manner, and the result will be to create an antagonism between the two classes of practitioners. Regarding the specialist as a consultant, would place the latter in the same position as the general consulting physician, who is supposed to comprehend and follow the code of Medical Ethics. There has been a great change within the last few years in the attitude of the public toward the family doctor. Formerly they have been known to attend a family for two generations. Now many people change their doctor with every new ill-

ness. That specialism is partly responsible for this we have no doubt, but we think the desire for something new, together with the want of faith in everything which characterizes our age are also causes.

Duncan Gray, the village doctor, whose character is so beautifully portrayed in Scott's *Surgeon's Daughter*, belongs to a class of physicians which is fast disappearing; although to be regretted, this is but one of the old landmarks swept away by the flood of scientific progress. The limitations of specialism include the diseases which properly belong to it, and the number of specialists. The *majority* of diseases should be treated by the general practitioner. Take two instances from two different specialties. Why should not the average doctor be able to prescribe the proper glasses for simple hypermetropia, and apply the uterine dialator in cases where it is indicated? These methods of treatment are supposed to belong especially to the oculist and gynecologist. On the other hand, the busy practitioner would not have time (admitting that he has the knowledge) to attend to cases of mixed astigmatism, operations in laryngeal surgery, and the application of electricity, which necessitate the continued presence of the physician in his office, and require expensive instruments, for the outlay of which there would not be sufficient remuneration, so comparatively few would be his patients. We deem it obligatory on him, however, to have a working knowledge of the laryngoscope and the ophthalmoscope, which is just as necessary as an acquaintance with the microscope. Every year, as the physician becomes better educated, is his field of labor enlarged. Some years since the application of the obstetrical forceps was regarded as an operation requiring a consultation; now every recent graduate considers himself capable of performing it. There are operations in general surgery, as lithotomy and ovariotomy, which will still be restricted to a few having special skill and experience. The great dramatist's description of sorrows which "come not single spies but in battalions," would be applicable to the *number* of specialists.

Dr. Morell Mackenzie remarks, as one point of favor in specialism, that "in one city of the United States, of 130,000 inhabitants, he found thirteen specialists, gazing around, and exclaiming with the bewildered Macbeth, "Can such things be and overcome us like a summer's cloud without our special wonder?"

To the ignorance of the general practitioner may be ascribed, in a great measure, the large number of specialists. With the increased facilities for study, extension of the curriculum in our medical colleges and post-graduate courses, the young physician will enter upon the practice of his profession much better qualified than his predecessor of a quarter of a century ago. The simple cases he will always treat, and some of the more difficult ones. The general increase of medical knowledge will also operate more favorably on the specialist, obliging him to possess a fair knowledge of general medicine, which is impossible for those "*who take up* specialities" without ever having had a general practice, a state of things much to be deplored, for, as has been ably remarked, "the body is an organism, *not* a mechanism, and he who has the widest knowledge of that body, its disorders and diseases, is best able to find out the matter with his patients." There will always be a field, an inexhaustible one, for special research, for from the latter must emanate most of our scientific progress. A wise author has truly said: "He that shortens the road to knowledge lengthens human life." And a well-known political economist furnishes another tribute to the usefulness of specialist when he says: "The advantage of the many is best consulted by each individual looking after his own good in the most intelligent manner." There should be no jealousy between the general and special practitioner, for both belong to that honored profession to one of whose members was applied by our Lord the title of "the beloved physician."

ADMINISTRATION OF GASEOUS ENEMATA.*

BY J. SOLIS-COHEN, M.D., OF PHILADELPHIA.

I desired to exhibit Morel's apparatus for administering gaseous rectal injections, according to the method of Prof. Bergeon,† in diseases of the respiratory passages, and in blood-poisoning; but as it has not been forwarded from the Custom House, I exhibit a substitute made in imitation. The object in view is to supply to the venous circulation an antiseptic, such as sulphuretted hydrogen, in sufficient doses to be effective; a result impossible when supplied directly to the arterial current, a plan which would poison the patient. Sulphuretted hydrogen inhaled in far less doses than sufficient doses would suffocate the patient; taken by the stomach it would produce other serious results. Administered by the bowels, however, and entering the venous current already deteriorated by organic refuse, it is quickly eliminated by the respiratory tract, which thus becomes subjected to its beneficial local antiseptic effects without subjecting the system at large to injury, as when thrown into the arterial current. In other words, the parasite is killed, without killing the individual.

Its beneficial effects in phthisis are explained by the action of the gas on the suppurative and septic surfaces, and not by any influence on the bacillus tuberculosis; the consumption proper, the exhaustion, being due to the suppuration and to the consequent septicæmia and not immediately to the bacillus, which, while it produces the destruction of tissue, does not produce the morbid phenomena. The method of administration utilizes the discovery announced by Bernard in 1857, that toxic materials introduced into the economy through an organ at a distance from the arterial system could not penetrate into the arterial system because it is eliminated before that system can be reached. Volatile substances are eliminated by the pulmonary alveoli.

The antiseptic substance employed is preferably sulphuretted hydrogen. This is propelled by means of a current of carbonic acid. It is important that the carbonic acid be freshly made, and that the injection be made without any admixture of atmospheric air, the presence of which will cause griping.

The carbonic acid gas as evolved from the action of the dilute sulphuric acid upon sodium carbonate is collected in a rubber bag previously emptied of air by rolling it. This bag in then connected with hand-ball compresser, by means of which the gas is propelled through natural sulphurous water in a sort of Wolfe bottle driving off the sulphurous gas with it through the tube, the terminal extremity of which has been passed into the rectum. Within less than a minute the escape of the gas by the lungs can be detected in the breath.

The beneficial results obtained in pulmonary phthisis by Dr. Bergeon, and reported last July to the Académie des Sciences, have been confirmed by Prof. Cornil, in a communication last October, to the Académie de Médecine, by numbers of French physicians, and by Dr. Hughes Bennett, of Mentone. Bergeon stated that the patients he considered practically cured, had no more expectoration, and only dry ausculatory signs of cicatrizing cavities, or other cicatricial results of old lesions. Some of them had become able to resume tolerably laborious employment, with full maintenance of the amelioration they had acquired.

In most patients, it is said, there is a marked diminution of cough, expectoration, and night sweats within two or three days. Nevertheless, the trifling expectorations of those apparently practically cured, continued to contain bacilli. This fact may be taken both for an indication that the immediate danger in phthisis is less from the baccilli than from septicæmia which they set up, and as an indication that this protective treatment, when successful, should not be discontinued until the general health-

*Read before the Philadelphia County Medical Society, March 9, 1887.

†For details, see Nouveau Traitment des affections des Voies respiratoires et des intoxications du sang par les injections rectales gazeuses, d'apres la methode du Dr. L. Bergeon. Par V. Morel, Paris, 1886.

iness of the tissues is sufficiently restored to resist the further development and sustenance of the bacillus tuberculosis.

DISCUSSION.

Dr. William Osler said: Recently, at the University Hospital, a patient very nearly expired after an injection of a mixture of carbon dioxide, and sulphuretted hydrogen, if given in suffi quantities, is capable of producing poisonous effects even when taken by the rectum. I mention this accident, lest similar mistakes may arise. Evidently the amount of sulphuretted hydrogen which is given must be small. At the Biological Society, at Paris, some experiments were related, which showed that even a few cubic centimetres are sufficient to poison a good-sized dog. In the experiences which are related in French journals, the odor of sulphuretted hydrogen is readily observed in the breath, but I have not noticed this in any of the Blockley patients. This is an exceedingly interesting, not to say comical, method of treating phthisis, but it is too early to say what the results are likely to be. Certainly, however, in Dr. Bruen's hands, at the Philadelphia Hospital, they have been extremely good.

MECO-NEUROPATHIA.*

BY JOHN MORRIS, M.D., OF BALTIMORE, M. D.

Meco-neuropathia is the name given to a form of mania which results not from the use of opium but from a sudden withdrawal of the drug. It is a disease characterized by great restlessness and delirium, as well as pain of a very marked character. A patient suffering from this trouble lately came under my observation at the city jail. I was requested by Dr. Hoffman, the physician in charge of that institution, to examine a young man named Hecht, who was believed to be insane. The prisoner had been arrested for the larceny of jewelry from different stores in this city and Washington. For four days and nights after his admission to the prison he had not slept or taken food. He was constantly howling and never at rest. He deprived all the prisoners of sleep, who where in his vicinity, by his incessant cries. His discharges were passed involuntarily, and as diarrhœa is a concomitant trouble in meco-neuropathia, his surroundings were not at all pleasant. As I had no history of his case beyond that given me by the prison officials, I was at first at a loss to determine the form of the delirium under which he was suffering. Some of the symptoms pointed to delirium tremens, but as there was a marked absence of many of the features of this disease, particularly extreme tremulousness, I excluded it in forming my diagnosis. The two diseases are, however, characterized by many points of resemblance. Illusions, delusions and hallucinations are to be met with in both. Profuse perspiration is a symptom common to both diseases. The nervous agitation and consequent exhaustion are greater in meco-neuropathia than in delirium tremens. The former disease is marked, too, by severe muscular pains and darting lightning-like pains which pervade the whole peripheral sensory system. The pain which preceeds the outbreak of delirium in meco-neuropathia is called *meco-nalgia*—the pain of the opium withdrawal. It is a form of indescribable distress.

After a thorough examination of Hecht I expressed the opinion to Dr. Hoffman that he (Hecht) was suffering under some form of acute mania which would be likely to pass off after sleep was induced. I advised the doctor to continue the bromides and chloral, which he was then giving the patient, and promised to see him in a day or two. At my next visit the patient was perfectly calm and gave me a full account of his previous life. It appears that he was a slave to the opium habit, smoking as many as eight or ten pipes at a *séance*. On his trial, his counsel made this a plea in his defence, and contended that he was under the influence of the drug when he committed the larceny, and that consequently he was

*Read before the Clinical Society of Maryland, Feb. 18, 1887.

entirely unconscious of the nature of his crime. In my testimony before the court I described his condition, as I found him, suffering under a temporary form of mania characterized by delirium etc., and due to the sudden withdrawal of opium. I could not possibly give any opinion as to his mental condition at the time he committed the crime for which he was being tried. The jury, however, believed that he was not thoroughly responsible at the time and acquitted him.

Cases of this kind do not come frequently under the observation of the general practitioner, but as the opium habit is increasing very largely in our cities, they will be much more common in the future. The only treatment to be pursued in meco-neuropathia is to produce sleep as speedily as possible by the administration of large doses of the bromides and chloral. Food cannot, or will not be taken, and our sole reliance must be on the influence of sedation. Even when sleep is procured the patient is only temporarily relieved, not cured. The pathological condition still remains to cloud the uncertain future. The profession is indebted to Dr. C. H. Hughes, editor of the *Alienist and Neurologist*, for a very interesting paper, descriptive of this affection which is well worthy of perusal.

ERGOT IN DIARRHŒA AND SWEATS OF PHTHISIS.

BY A. L. HODGDON, M.D., FARMWELL, VA.

Seeing an article in one of the Parisian medical journals (*Thérapeutique Contempraine*, 18*6,) pertaining to the value of ergot in the sweats of phthisis, I was led to try it in a case coming under my care. The patient at the time I administered the first dose was in the habit of sweating profusely, and at the same time was troubled with a phthisical diarrhœa. The ergot was given, but the administration of it at first, in the dose of thirty drops of the fluid extract thirty minutes before the general advent of the sweating, seemed to have but little effect, in the way of stopping the sweats, but the drug acted as if by magic on the diarrhœa, causing almost a total cessation of the same, and the diarrhœa having started again, the patient was placed upon twenty drops of the fluid extract of ergot three times in twenty-four hours; this relieved it somewhat, and at the same time ameliorated the exhausting sweats. I have given with advantage agaricine and belladonna (in ordinary doses, in pill form together) for the purpose of alleviating exhausting colliquative sweats; but if in ergot we are able to find a remedy that can for a period be given in place of (that extremely disagreeable drug, its physiological action) belladonna, and if we can find in it a drug which can for a time be substituted for opium for the purpose of controlling the diarrhœa, to which many of the phthisical are subject; if in ergot we find these advantages, before mentioned, then we will be able to afford to the phthisical, slight intervals of rest from the use of opium, and (its physiological antagonist) belladonna.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD FEB. 18, 1887.

The President RANDOLPH WINSLOW, M.D., in the chair.

Dr. O. J. Coskery exhibited the patient upon whom he had performed

RESECTION OF THE ASTRAGALUS.

The bone had been injured by a fall upon it from a distance of 30 feet. The body of the bone was fractured and there was also a subluxation. The wound healed in four weeks after the operation. There was considerable suppuration for the first two weeks after operation.

The deformity is slight. Tne patient walks upon the os calcis.

Dr. John Morris then read a paper on

MECO-NEUROPATHIA.

*See page 417.

DISCUSSION.

Dr. I. E. Atkinson has had no experience with opium smokers but has had under treatment a number of those who were habitually addicted to the use of the drug, either hypodermically or by the mouth.

He has never seen exactly the symptoms described by Dr. Morris, but has observed the occurrence of hallucinations, general uneasiness and distress as common results of the sudden removal of the drug; he however never hesitated to remove the drug at once. There is usually much discomfort and a profuse diarrhœa in consequence, but this wears off in the course of a few days. He thinks the patients, as a rule, return to the habit.

To induce sleep he prefers paraldehyde to any other agent that he has employed. The after effects are less unpleasant than those following the use of chloral.

Dr. Morris quoted Dr. Hughes as saying: "In these cases the drug should not be suddenly withdrawn."

Dr. S. T. Earle had occasion to take one of these patients to Fort Hamilton Insane Asylum, and he noticed that in this institution the practice was to withdraw the drug gradually. He pursued this plan in a case in his own practice with a favorable result.

Dr. John Chambers has seen several cases of delirium tremens treated with chloral hydrate as a hypnotic, and one of them died while under the influence of the drug. This patient had received in the course of an hour forty grains in two doses. He thinks in delirium tremens there is a condition generated that should make us guarded in the use of chloral.

Dr. Randolph Winslow thinks there are cases of delirium tremens in which alcohol is indicated.

Dr. John Chambers then reported a

RADICAL CURE FOR HERNIA.

He exhibited the sac.

The operation was upon a woman æt. 32 years. She had a large inguinal hernia. Ten months before the radical operation was performed she had a modified Wood's operation done, but this gave no relief.

In the radical method an incision of five inches in length was made over the long diameter of the tumor and the sac dissected out. The fundus of the sac was opened and the finger introduced, and the dissection made over the finger in order not to injure the gut. The neck of the sac was ligated and the pillars of the ring drawn together by silver wire sutures. Antiseptic precautions were observed. For two days after there was more or less vomiting—from the fifth to the tenth days the temperature varied from 102° F. to 104-5° F. There was no delirium and no tenderness over the abdomen. There was slight suppuration at the point at which the drainage tube was inserted.

He does not believe the above train of symptoms were due to septic infection.

The patient left the hospital four months after operation. She wore a truss.

He can not say the operation is a cure, but he is sure that the hernia is in a better condition to be protected by a truss than it was before operation.

Dr. Randolph Winslow reported two cases of

OPERATION FOR HERNIA.

CASE I.—Wm. Craven, colored, aged 35, had acquired oblique inguinal hernia for five years. At the time of his admission to hospital the hernia had been down for 48 hours, and he had vomited stercoraceous matter. The hernia was small and under ether was irreducible. Performed herniotomy, attempted reduction without opening the sac, but failing in this the sac was incised and an accumulation of dark serum escaped, pushed the intestines through the internal ring, dissected up the sac and ligated and cut off all that portion which projected beyond the external ring. The patient suffered much from hiccough and vomiting, but had scarcely any fever, the temperature being generally under 100°. He made a good re-

covery and has been doing heavy lifting as a mover of furniture, ever since, and I consider him radically cured. The operation was performed at the University Hospital on May 27 1885, hence almost two years have now elapsed.

Case II.—Mrs. Heath, aged 65, the mother of four children, had been the subject of a small femoral hernia for some time, which could be easily reduced. She had an attack of diarrhœa previous to the occurrence of strangulation. On Aug. 1st, 1886, the last passage occurred, the lump in Scarpa's Triangle became irreducible, but not painful; vomited twice.

Aug. 2nd. Under ether the tumor, which was about the size of a hen's egg, could not be reduced. Herniotomy was then performed, after strangulation of about 12 hours, sac filled with fluid, except that a small knuckle of small intestine was found occluding its neck; this was black from congeston, but shiny. The constriction was very tight, but after some difficulty it was divided and the bowel replaced. The sac was then ligated at its neck and cut off. Iodoform and sublimate dressing, catgut sutures and catgut drain. No fever followed, the temperature never exceeding normal. Removed first dressing at expiration of a week, and found the whole wound healed except where the drain protruded. She was kept in bed several weeks, and was then allowed to get up, wearing a spica bandage. For the rest of the time in which she was under observation there was no tendency to recurrence.

DISCUSSION.

Dr. J. Edwin Michael was called to operate upon a patient in whom there was irreducible inguinal hernia. The sac upon being opened was found to be about one-quarter of inch thick. There was no strangulation but the gut was prevented from being restored to its normal position by a mass of organized adhesions binding it to the sac. A bit of omentum was involved in the mass.

The adhesions were ligated and cut, the sac was removed, and its mouth sewed up with sublimated silk sutures, leaving an opening for the spermatic cord. The pillars of the ring were brought together and the wound drained.

The patient made a good recovery, and on the 12th day walked unassisted to the operating table in order that the wound might be examined. Antiseptic precautions were observed throughout.

Dr. I. E. Atkinson referred to

A NEW METHOD OF LEAD POISONING.

The patient, a marble worker, attributed his symptoms to the use of a powder, composed of lead, zinc and oxalic acid, that is employed in polishing marble. The symptoms common to this trouble were present. The treatment consisted in the administration of alum, 20 grains in solution every third hour. Dr. Atkinson has seen such favorable results from the use of alum in these troubles that he is inclined to think its action is something more than simply the formation of an isoluable lead salt.

DISCUSSION.

Dr. Hiram Woods quoted Bartholow as saying that alum overcomes the constipation of lead colic by increasing the tonicity of the intestinal muscles.

Dr. Jas. Craighill referred to a case of lead poisoning in which alum was employed with perfectly satisfactory results.

Dr. R. M. Hall has had during the past year four or five cases of lead poisoning in which emesis and diarrhœa were common symptoms. These patients were all marble workers and attributed their condition to the acids used in polishing the stones.

Dr. G. J. Preston made an inspection of one these marble yards. Of 20 or 30 men examined three-fourths of the number presented the blue lines on the gums, but singular to say, none of them suffered from constitutional symptoms of the disease.

The history given by most of them was, that they were affected for a few days after first having begun work, but

this wore off and they returned to comparatively good health.

He referred to two or three cases of peritonitis and death that had occurred in this yard a year before. He suspected that this might have been due to the accidental ingestion of oxalic acid. The men who had had no signs of lead poisoning were those who had been careful to wash their hands before eating their meals.

Dr. Hiram Woods reported an interesting form of

TERTIARY SYPHILIS.

There was a double paralysis of both motor oculi nerves involving all the branches.

In the left eye there was ptosis and a paralysis of the muscular apparatus. In the right eye there was no ptosis but paralysis of all the muscles, including the ciliary. The man gave a history of primary syphilitic infection six years ago.

The condition is improving makedly under the use of potassium iodide. Some of the muscles have already regained a portion of their contractility.

PHILADELPHIA CLINICAL SOCIETY.

STATED MEETING, HELD FEB. 25, 1887.

The President, JAMES B. WALKER, M.D., in the chair.

The President introduced the subject of

ARTIFICIAL FEEDING OF INFANTS.

The importance of the subject all will admit and depends on

1. The inability of the mother to afford nourishment.

2. The demands of the child for the materials for growth, repair and heat production, and for *protection* from indigestion and the numerous disorders of malnutrition. The prominent indications of non-agreement of any food are excessive colic, vomiting, diarrhœa. The results are seen in losses of flesh, strength, vivacity and color, non-development of general body, or of parts as of teeth, retardation of infantile accomplishments, psychical or physical, or even loss of those which have existed.

One or many of these conditions may exist, and call for attention on the part of the physician to the imperative needs of the little patient.

In choosing a diet there is no established *law* save that the food shall be easily digested, non-irritating and suitable for nourishment and heat-production.

If the infant has been nursing its mother the *quantity* may be alone at fault. In all such cases artificial food should be made to *supplement* and *not substitute* the natural supply. The amount of artificial food must vary with each case, from every alternate feeding, to two or three feedings daily. Should the *quality* of the mother's milk be at fault, or should she be unable to nurse her child from other causes, a complete *substitute* must be furnished.

Here unquestionably the best, because furnishing the most rational substitute, is the wet-nurse. But rational though it be it has objections which sometimes are insurmountable. Among these are the expense incurred, the difficulty of getting one whose milk is altogether satisfactory; or this agreeing, the unsatisfactoriness of the individual herself, who, reins in hand, may, if inclined, drive the family to distraction. Apart from this, many mothers object to having their little ones nurse at other breasts than their own, even when the substitute is cleanly in person, character and habits, and much more so if doubt exist, as it often must, upon these scores. While not decrying wet-nurses, indeed while claiming that for some infants they are our only means of salvation, the lecturer claimed that in most instances they are not indispensable.

In choosing a substitute for human milk for healthy children the lecturer does not approve of the so-called infant-foods, manufactured on large scale and kept on the druggist's shelves. These substances, many of which have much virtue, find a sphere in the management

of the sick; but as a rule may be eschewed in arranging a food for the well.

For most babies condensed milk answers best for the first three to six months of life. Here again a choice may be made. There are several varieties of this food, most of which is supplied in quantities to grocers and druggists and lies an indefinite time on the shelf or counter, during which time they are liable to deterioration. This is not a matter of theory, but has been proven in more than one instance by an attack of severe indigestion or diarrhœa on opening a new can. The brand most satisfactory to the lecturer's experience is Canfield's, which is manufactured in Philadelphia and is for sale only at the manufactured office, where its freshness and purity are guaranteed. Or if the sweetness of the condensed milk be an objection in an individual case, the "Evaporated Cream," a partially condensed milk, prepared by the same firm, may be used, having it served fresh every day or every alternate day. Unquestionably condensed milk is preferable for the young infant to the fresh (?) milk furnished by the middleman in our large cities.

If a child taking condensed milk is constipated, a small quantity of Mellin's, Horlick's, or Nestle's food may be used in each bottle and will usually be all sufficient, that is at least until a food has proven satisfactory the infant should be weighed at the end of each week and should gain from three to four ounces to a pound weekly. If severe colic, vomiting or diarrhœa occur without cause, such as teething, exposure, etc., some change is indicated.

This will usually be the case where condensed milk is the diet, somewhere from the third to eighth month. The addition of oat-meal to this food may be all that is needed. It should be thoroughly cooked for three hours, then strained through a cloth producing a white semi-translucent substance about the consistency of starch as used by the laundress. Of this from one to three tablespoonsfuls may be added to each bottle according to the age of the child and its powers of digestion. Lime water is an important addition to the artificial food and should be used continuously for the first ten or twelve months.

In most instances fresh cow's milk will have to be substituted for the condensed milk when the latter disagrees, or this, if obtainable pure, may be used from the first. This should be diluted to suit and have added sugar, lime water and from a teaspoonful to two tablespoonsful of cream to each bottle, varying the amount to suit the condition of the bowels. After the third month, or even before, some of the oat-meal gruel, prepared as already directed may be added. In cities all the water used in preparing the food should have been previously boiled. Sometimes an irritable state of the bowels induced by one or many causes, may be benefitted by the substitution of barley water, arrowroot water, or gum-arabic water, and on resuming the milk food one of the above waters may be used as the diluent instead of plain boiled water. Sometimes the use of peptonized milk diluted with barley-water; or the addition to the milk food of the peptogenic milk powder of Fairchild Brothers and Foster may be required for a shorter or longer period.

In the artificial feeding of infants, the plain nursing bottle with pure rubber nipple is better than spoon feeding, giving exercise to the masticatory apparatus and stimulating to more rapid functional development the salivary function.

The subject was discussed by the different members, and the experience of each one proved that cow's milk, in some form, was the best food for a child who must be artificially fed.

DISCUSSION.

Dr. Anna McAllister spoke of some interesting experiments which had been tried at the N. Y. Infant Asylum under the supervision of Dr. J. Lewis Smith, where in several autopsies on artificially fed infants, it was found that in those fed on *starchy* food the pancreas was very small, seemingly arrested in its development, while in those fed upon *condensed milk* the organ was normal in size.

Dr. Edward R. Stone gave a verbal report of a case of

URÆMIC CONVULSIONS IN NEPHRITIS,

following scarlet fever, in a child six years of age in which a hypodermic injection of $\frac{1}{12}$ gr. muriate of pilocarpine gave most satisfactory results. The child had been in convulsions all day, but they were speedily checked after the administration of the remedy, salivation and diaphoresis setting in almost immediately. "Basham's mixture" was used afterwards, and the child made an uninterrupted recovery.

MARY WILLITS, M.D.,
Reporting Sec.

Correspondence.

MEDICAL CLIMATOLOGY. — TREACHEROUS WEATHER IN SOUTHERN EUROPE.—SHIVERING INVALIDS ABROAD. — OUR SOUTHERN STATES AS WINTER RESORTS.—THE WATER CURES OF EUROPE.

LONDON, February 21st, 1887.

Editor of the Maryland Med. Jour.

DEAR SIR:—A great many American people possessed of means, but afflicted with delicate constitutions make a practice of wintering abroad. They migrate about the end of October, and do not return until the middle of May. Hence Southern France, Italy, Algiers and Egypt are direct gainers by the supposed inclemency of our American winters, and foreign hotel keepers and shop keepers reap a rich harvest because of the snow and ice which prevail in "the land of freedom's choice."

It does not, however, always follow that the Americans who leave home in quest of sunshine and health gain very much by their change of residence. In its way the "mistral" of the Mediteranean is as dangerous and deadly as the dreadful east and northeast winds of America. Florence boasts the title of "the winter city," par excellence; but the city of flowers is sometimes as treacherous as the thugs of India. For a few hours in the middle of the day, and while the sun bathes the ancient streets and quays with a flood of golden light, all is gay and delightful; yet in the early mornings and at nightfall the American tourist shrivers in his great, bare, fireless rooms, and longs for the well heated, cozy comforts of an American house. Algiers is pleasant enough during the winter months, and life on a Nile boat, apart from its dangers and discomforts, has compensations not to be dispised when all America is full of snow and ice; but Rome is said to be better as a winter residence than Egypt, Algiers, or the Riviera. Its modern part, a mixture of Paris and Brussels, is amply furnished with first class hotels; it has an aristocratic and artistic society not to be found in less civilized centers, to say nothing of its unrivalled antiquities. Moreover, Rome is famous for a temperate winter climate, for blue skies and magnificent sunsets. Ice, it is true, occasionally occurs in January, but the thermometer seldom falls below 36° F., and even then the sparkling mid-day sun soon melts the thin crust of ice. It happens, however, that the present season in the City of the Cæsars, as in every other European City, is altogether abnormal, for the weather has been the coldest ever known in the usually mild month of February. Two weeks ago snow fell to the depth of several inches in Rome and the Pincian Hill, the Forum, the Colasseum and other well known picturesque points were visited by numbers of persons desirous of seeing a spectacle strange in these quarters. From the tower of the Senatorial Palace on the Capital, from the terrace of La Trinita de Monti, from the Janiculus and the gallery above St. Peters, all Rome seemed to the eye of the observant spectator like a huge frosted bride-cake, beautiful to look upon, but full of terrors for the weak in bodily health.

In Paris the weather has been simply abominable. Throughout January the skaters had fine sport on the lakes in the Bois de Boulogne, all the fountains in the city were firmly bound in ice, and the keen

cold was more like a succession of Siberian days, than the proverbial "beau soleil" of "la belle Paris." Here, in London, the bitter wind to-day stabs as with a poniard. It soughs and moans through the swaying and rocking branches of the bare trees, it comes tearing aronnd the corners and rushing through the streets, numbing the hand and stinging the face, and making itself quite as obnoxious and disagreeable as our American blizzard.

Charles Kingsley once said, "the fierce nor'-easter breeds hard Englishmen." And so it may be; but how about the Englishmen and other folks who are not hard? Influenza, neuralgia, bronchitis, like three single fiends rolled into one, do their worst, "from John—o'—Groats to Lands End," and none, but the doctors profit by Mr. Kingsley's favorite blast. At this time cold hands and feet are the "mode," and gout and rheumatism "rule firm," with many people "liquidating." As for the unfortunate persons aware that they possess lungs, it is indeed hard for them. Cod-liver oil and Brown mixture have gone up; they are no longer, commercially speaking, *drugs* in the market, and "points are given" for chest protectors, which, should the prevailing winds continue, will presently present a premium.

The robust Mark Tapleys, of America, with lungs of leather, wrought-iron throats and the digestion of an Ostrich, may console themselves with this news from Europe, though to the less fortunate, "invalids abroad," the snow-covered ground, from the Grampian Hills of Scotland to the Towers of St. Angelo, bring only cold comfort. Every cloud, however, has its silver lining, and haply Europe's misfortune may prove America's opportunity, so far at least as our sun-seeking invalids are concerned, many of whom have found out to their sorrow that the so-called mild climates of Continental Europe have their drawbacks. Monte Carlo may be delightful out-of-doors, and Naples a paradise upon earth; Cannes and Nice at the Carnival of Flowers may suggest the fabled Atlantis and the Golden Age. But how about drainage? On the plan of sanitation "'tis distance lends enchantment to the view." Rome may be a charming and most facinating city, but the *Protestant* Church Yard, so beautifully situated as to make the spectator "in love with death," is every getting fuller and yet more full.

All the same, the marshy Maremma is but a few miles off, and the Campagna is far from being the healthiest spot in the world. Now that the snow lies inches thick in the gardens and squares, in the basins of the beautiful fountains, and upon the dome of St. Peter's clinging likewise in wreaths round the sides of the Trajan and Antonine Columns, An American naturally turns in the direction of Old Point, Aikin, Jacksonville, St. Augustine, Palatka, Tampa, the carnival city of New Orleans, and other like spots nearer home, probably as beneficial to the invalid in winter, certainly cheaper, and infinitely more comfortable. A table showing the relative warmth, dryness and salubrity of the atmosphere from late autumn to early spring of our American winter resorts, and the death rate per thousand from zymotic diseases, compared with similar statistics compiled on the Continent—particularly in Italy and the South of France—would be a welcome addition to the data easily accessible to persons ordered by their physicians to winter abroad.

From a mere superficial view, America has nothing that can compare with Monaco—no atmosphere so apparently balmy, no sea so blue or sky serene. The olive-bordered lanes of Mentone need not fear any rival. Monte Carlo is as fascinating as the Sierens were said to be, and the exhilarating Engadine of Switzerland sits above reproach like a god upon Olympus. Yet, without lavishing too much praise upon our own Southern Country, it may be said that full justice has never yet been done to the climates of South Carolina, Georgia, Louisiana and Florida, where orange trees grow and flourish in open air, and the geranium and fuschia bloom perpetually. As a health resort, in the winter solstace, there is no place in Europe that excels our own beautiful

land of flowers. If a cold wave comes, we are more or less fortified and prepared. There are coals in the scuttle, gruel is at hand, the mustard or hot bath is in reach; but snow in February in comfortless Rome, with only the wine of the country to drink, and naught save those Oleagenous Roman meals to eat, those fireless bed-chambers to keep awake and shiver in, and no getting about because of slippery, frozen ways —that is, indeed, the "lower deep" which, according to Milton's muse, lies somewhere under the "lowest deep."

Akin to the science of Climatology is the cognate "science" of hydropathy or the application of water as a therapeutic agent in many forms of disease. This science, so-called, has grown so fashionable in Europe of late years that hydropathic sanitariums or water-cure establishments are springing up all over the country as thick as leaves in Valembrosia. These establishments are visited by a great number of patients, who find relief from the systematic administration of water, both internally and externally. Their reputation is, in fact, so great that invalids, firmly believing in the cure, are much more obedient to prescribed rules for drinking and bathing than visitors are generally at our American watering places. This obedience to the instruction of the medical attendant, however, is found to be of the first importance, especially in chronic affections; for in these the process of cure is not easy and the struggle is often long and irksome.

Repeated visits to a number of the most celebrated establishments of the kind in England, France and Germany have proved full of interest and instruction, and from the physicians in charge I have to acknowledge having received great courtesy. The Smeadly Sanitarium, at Matlock Bridge, Derbyshire, England, is one of the largest and finest in the country, and the bathing arrangements are superb. Water is applied in an inconceivably great number of ways, according to the nature of the malady; by "packing" and half "packing," by vapor, half vapor and humid vapor baths, and douches of vapor; by hot and cold water baths; Russian, Moorish and Turkish baths, the douche ecossaise, the the local and circular douche, the rain douche, the pendent douche, the column douche, the concentric douche, the ascending douche; by irrigation, affusion, pulverization, aqua puncture, fermentations, compresses, (sedative and excitant); the hepatic, hæmorrhoidal, epigastric and uterine douches, and in other ways too numerous to mention. To describe the large establishments at Ems, Germany, and Divonne, France, would be a repetition of the foregoing; but the truly magnificent establishments of Dr. Beni-Bardi, in rue Miromesuel, Paris, and at Antenil, France, merit to be specially mentioned on account of the elegance of their respective appointments, rivaling in costliness, almost, the classic baths of ancient Rome.

In 1862 Dr. Bardi the owner and medical director of the above establishments, and who, by the way, is a physician and author of distinction, instituted under the auspices of the celebrated Brown-Séquard, a series of experiments to determine the physiological effects produced upon various functions of the human organism by the systematic application of water internally and to the surface of the body, from which the following deductions were reported to the Academy of Medicine of Paris of which he is a member. 1st. That the application of water produces a marked reduction in the temperature of the body. 2nd. That it produces a sedative effect upon the nervous system generally. 3rd. That is causes a decided modification of the vital process of combustion. 4th. That it sensably increases the vitality of parts.

The therapeutic application of water has now become a favorite treatment in a great number of maladies, with many of the most eminent physicians of Europe. Under this system, it is claimed, that heat and cold in the treatment of diseased conditions of the body are not only less precarious in their action, but are more effectual than drugs. What is distinctive in the hydropathic method is the precedence given to these natural agents; to what is safe as opposed to

what is unsafe; to agents allied to the forces of the economy as opposed to such as are foreign and in their essential nature prejudicial. With respect to the external use of water, if experience has taught the necessity of modifying the practice of earlier days with regard to drinking mineral waters, it will be found that the use of the bath has undergone yet more material changes. In olden times it was supposed that the real efficacy of the water depended upon the length of time the patient passed in the bath, and this time was systematically increased, until the patient remained several hours in the bath, repeating it daily and sometimes twice or three times a day. In the hydropathic establishments a modified treatment has now become law, and is the guarantee for insuring the happy results hoped for by both physician and patient.

In chronic diseases of the nervous system, in rheumatism, and in certain fevers the water-cure has proved astonishingly successful, if the percentage of cures reported is to be relied upon. In typhoid fever and in some of the essentially eruptive fevers, the effect of the application of water in modifying the hearts action, in reducing the temperature and calming nervous excitement is quite phenominal. But its effect is especially noticeable in eruptive fevers It lessons the frequency of the pulse, allays the nervous excitement, and diminishes the burning and itching sensation which are often so intolerable. And in effecting such results it protects the vital organs, particularly the brain, against these morbid reflex actions which the irritation of the skin is so apt to develop. In such cases the water is usually applied by friction with wet clothes by affusion, by rapidly sponging the whole body, or by immersing the body in water of a temperature between 68° and 72° F. Either process may be repeated every four or five hours, and persisted in until the temperature is reduced to, or nearly to, the normal degree of blood heat. The prolonged application of wet or damp sheets—"packing"—is not advised in the treatment of patients suffering with eruptive diseases; for though perspiration may be induced thereby, and the eruption invited to the surface when it has "gone in," success attained in this way is apt to be attended by evil consequences in the end.

As to the treatment of typhoid fever by the hydropathic method, results are also sufficiently conclusive to be relied upon. A great deal might be said concerning the indications and contra-indications for the water-cure in this disease, but at present it will suffice to remark, that in order to produce the desired antiphlogistic effect the patient should be immersed in water of a temperature between 68° and 76° F., or swathed with wet cloths, or the body sponged, or affused with water at the same temperature, the operation being continued until a normal, or nearly normal temperature is attained, and the process repeated whenever the temperature rises above 100° or 102° F.

C. W. Chancellor, M.D.

Physical and Chemical Properties of Antipyrin.—Professor V. A. Tikhomiroff, of Moscow, says (*Proceedings of the Moscow Physico-Medical Society*, Nos. 5 and 6, 1886,) that a pure preparation of antipyrin is rapidly and completely dissolved in water, the solution having a neutral reaction. The most characteristic reaction of the drug is that a very weak, slightly yellowish, solution of perchloride of the iron becomes dark reddish-brown in colour when a small quantity of antipyrin is added to it. On the subsequent addition of a drop of sulphuric acid, the mixture becomes completely discoloured. Another characteristic property of the drug is that, on mixing a watery solution of it with an excess of nitrous acid (or, rather, with a mixture of KNO_2 and HCl), a green precipitate, bearing the name of "iso-nitroso-antipyrin," appears, and forms spherical masses, which, as seen under the microscope, closely resemble colonies of yeast-fungi (*saccharo-myces cerevisiæ*). This appearance is produced by the aggregation of extremely minute crystals, having a double refraction. The precipitate is soluble in caustic alkalies and ammonia the solution being of a greenish-yellow colour.—*Brit. Med. Jl.* Feb. 26, 1887.

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BALTIMORE, MARCH 26, 1887.

Editorial.

DR. OSLER ON ANTIFEBRIN.—In a recent issue of this JOURNAL we called attention to the observations and experiments of Drs. Cahn and Hepp on the antipyretic action of antifebrin, and to their favorable opinion of its effects. We now have before us an article which confirms the favorable opinion expressed by the above named observers, and which goes to prove that in antifebrin we have an agent of great value. In *The Therapeutic Gazette* (March 1887,) Dr. Wm. Osler, of Phildelphia, records a series of experiments with this agent. During the past three months Dr. Osler has employed antifebrin in the wards of the Philadelphia Hospital, and at the Hospital of the University of Pennsylvania, in 29 cases, seven of which were typhoid fever; six, pneumonia; eight, phthisis; four, erysipelas; one, pleurisy; one, peritonitis; one, rheumatism; one, intermittent fever. As a rule eight grains were given when the temperature rose above 103⅘, and hourly observations were made for six or eight hours.

The effects of the drug were noted from the following standpoints: 1. Reduction of Temperature. This was found to be the most marked and characteristic action, beginning usually within an hour. In eighteen administrations the fall was over 2° in this time; in three instances it fell 3°, and on two occassions the fall was 4°. In thirteen instances the temperature was reduced 4° in two hours, in sixteen administrations 3°, and on four occasions, 5°. The greatest drop was 6⅘° within two hours. In one case the drop was 8° in five hours. In seven administrations the temperature was unaffected by the eight grains. The duration of the reduction varied from three to six hours.

In typhoid fever the action of the drug was usually favorable and satisfactory. In the erysipelas cases the action was in each instance most decided.

"In phthisis, with high fever, the drug was usually given in a single powder of gr. viii, when the temperature was above 103°, but in three cases the plan was tried of giving gr. iv, four or five times a day. This did not seem very successful, and the patients did not feel so comfortable as with the single dose.

In a remarkable case of quartan ague antifebrin in eight-grain doses given before or during the paroxysm seemed to be without effect. One curious circumstance, however, is worth mentioning. The lad had always with the fever the most intense general urticaria, which the antifebrin seemed to prevent, much to the patient's comfort."

2. Action on the Circulatory System. It was observed that with the reduction of the fever the pulse would fall, and a drop of 20 or 30 beats in two or three hours was frequently noted. A marked increase in the pulse-tension was observed in several cases. No evidence of heart-weakness was observed and even a slight cyonosis did not occur in any instance.

3. Sweating. This was observed almost invariably. It did not seem to increase the night-sweats in cases of phthisis. In a severe case of typhoid the sweating seemed to weaken the patient and the drug was discontinued on this account.

4. The urine was observed to be increased in amount in nine of the cases, probably as a direct result of the increased arterial tension.

5. The effect on the general condition seemed usually beneficial. A quiet sleep often followed an hour or so after

administration. None of the disagreeable effects which sometimes follow antipyrin and thallin were observed.

Dr. Osler thinks that we have in antifebrin a prompt and powerful antifebrile agent, easy to take and free from unpleasant effects. It has also the advantage of cheapness. Merck's article costs 60 cents an ounce, wholesale.

Early Tracheotomy in Diphtheria.—Whilst the exact pathology of diphtheria has not been fully made out, the disease is now held to be due to a micro-organism which gains access to and grows on the mucous membrane of the throat penetrating into the superficial layers of the mucous membrane, and leading to the exudation of fibrinous material, which, together with the dead ephithelial cells, forms the diphtheritic membrane. These micro organisms or bacilli apparently produce very toxic ptomaines which are absobed into the circulation, and give rise to the general constitutional disease. The disease is then first local in its origin and becomes constitutional from absorption of a chemical poisoning. If this view of diphtheria be correct it is evident that the main point in treatment is to prevent the multiplication of the bacilli and the formation of the poisonous ptomaines. This will consequently lesson the severity of the local process and prevent the development of constitutional symptoms. The acceptance of this view has led to the local treatment of the local throat affection with antiseptics, of which class the bi-chloride of mercury is the most important agent. In a paper on this subject (*Brit. Med. Jour.*, March 5th, 1887,) W. Watson Cheyne, M. B. F. R. C. S., calls attention to the indications for tracheotomy in the early stages of the disease when the air-passages proper have become affected. The author holds that tracheotomy ought to be performed in cases of diphtheria as soon as it is certain that the larynx is affected, chiefly with the view of preventing the spread of the membrane downwards. He argues that, if the operation be performed as soon as the affection attacks the larynx, the trachea will be found healthy at the seat of the operation and the spread of the disease may be watched and arrested. This plan of early opening the trachea, it is claimed, gives the surgeon the means of employing antiseptics in direct contact with the laryngeal surfaces involved in the diphtheritic process and thereby limiting the spread of the membrane and the absorption of the poisonous ptomaines. It is contended that the tracheal wound will not be attacked by the diphtheritic process if the operation is performed antiseptically and the incised surfaces are subsequently treated upon antiseptic principles. The author recommends in the local treatment of the disease that the false membrane be removed with forceps as far as possible and that a watery solution of bi-chloride of mercury (1 in 500) be applied to the raw surface. This is done with a brush or sponge, care being used to prevent the fluid from being swallowed. The application of this lotion is repeated every two hours, the spreading margins of the disease being chiefly attended to. In the intervals the patient gargles with a weaker solution of the bi-chloride (1 in 2000), and from time to time, a spray of carbolic acid (1 in 40) is directed over the back of the throat. In adults this plan of treatment is pronounced very satisfactory. In performing tracheotomy it is suggested that symptoms of obstruction in the larynx should not be waited for but that the operation should be done early. It is advised that the incision in the trachea should be made large, not merely to get in the tracheotomy tube, but to inspect the interior of the trachea. The tracheal membrane, if found diseased, is treated in the manner above indicated. The advantages of this method, the author believes, more than counterbalance its possible dangers.

Recent Graduates in Medicine.—That Baltimore is not behind her sister cities of equal population in her facilities for creating doctors the commencement exercises of the past two weeks fully testify. The sum total graduated from four medical schools, in this city, foots

up 205 M.D's. and 98 graduates in dentistry. Those young men who have been attracted to our city from neighboring and far-distant states by the advantages extended to them here will doubtless return to their homes fully appreciative of the honors conferred on them by their Alma Maters. They, no doubt, feel well equiped for professional work, and we are prepared to admit that, upon the whole, they are perhaps as well prepared for the duties of professional life as young men can be who have devoted the same length of time to the study of medicine. One fact is noticeable at the commencement exercises of our Baltimore Medical Schools, in the substitution of prizes for the conventional boquet. In our college days, only a few years back, no premium was placed upon work and no recognition was made by the colleges of differences in the standing of their graduates. Friends were permitted to overwhelm the newly made doctor with boquets and baskets of flowers which bore no proportion to the merits or acquirements of the graduate. Luckily for the medical student all of this has passed away and the graduate has a more substantial reward within view than the perishable boquet. That this system of prizes has worked an improvement in the standard of medical graduation must be admitted by all. It not only necessitates harder study upon the part of the student, but likewise enforces a more careful and painstaking examination upon the part of his professor.

By reason of the extension of the field of medical knowledge and the cultivation of special branches the student of to-day must cover more ground than formerly. This requires work and application. It is to be regretted that the time assigned for the preparation for professional work has not been lengthened in the same proportion that the course of instruction has been broadened. That this reform will come sooner or later we have no reason to doubt. Even in a comparatively short professional life we have seen marked improvements in the facilities for obtaining a medical training. The inauguration of post-graduate courses of instruction, the more effective utilization of the hospital and dispensary, and the introduction of laboratory and didactic instruction in institutions such as, for example, the Johns Hopkins Hospital, and the Carnegie Laboratory, all are but recent additions to the systems of medical education in this country. The graduate of our medical colleges of to-day need not feel the same necessity for a course of instruction abroad when almost equal advantages are offered him at home. The time is not far back when the medical student enjoyed the most limited clinical training. His mind was crowded with theories and principles, but was poorly supplied with that character of instruction and training which would make him a successful practitioner. It required, oftentimes, many years of practical work to obtain that experience in clinical medicine which is now within the almost immediate grasp of the many graduates who are fortunate enough to secure positions in hospitals and dispensries. The young men who graduate from respectable medical schools to-day enjoy advantages which their own teachers knew not of a few years ago. They therefore enter upon their professional careers under most auspicious circumstances, and it will add to their discredit if they fail to reach the position of usefulness as practitioners or investigators, which their Alma Mater has the right to expect of them.

Miscellany.

Iodide of Potassium in the Treatment of Diphtheria. — Dr. L. Stepp (*Deutsche Med. Wochenschrift*) recommends mercury and iodine in diphtheria. Mercury has been given in various forms and doses in diphtheria and croup, though without any good results, as, owing to its poisonous properties, sufficiently large doses cannot be given to destroy bacteria in the blood. Its action is only efficacious in syphilis. In diphtheria, on the other hand, the incubation-period is from two to five days, and serious symptoms develop rapidly. Iodine seems to be the

only suitable medicine; and probably still larger doses are required in diphtheria than in syphilis. These two diseases resemble each other, in that they both have a tendency to encroach on the bucco-pharyngeal mucous membrane, and thereby affect the neighbouring glands. Iodide of potassium is decomposed in the organism, and iodine remains in the blood and other liquid elements, and in the glands, where it amalgamates with albuminoid molecules, and possibly with bacteria; in any case, it sterilises media in which bacteria develop. Dr. Stepp mentions one case of diphtheria out of many which he has treated with iodide of potassium. The patient, a girl aged 7, who had been ill for three days, had a very thick false membrane in the pharynx, the glands of the neck were involved, the pulse was weak, and the temperature high. Three grammes of iodide of potassium were given in 120 grammes of water. At the end of the week, the child was completely cured. A boy, aged 7, in whom diphtheria had come on three days previously, was treated in the same way. A teaspoonful of the solution was given every hour; two days after the treatment was begun, the temperature was lower, and the general condition better, though there was no apparent change in the state of the pharynx. Twenty-four hours later, the child's condition became alarming; there was cyanosis of the cheeks and lips, the pulse was 140 to 160, and the little patient fell into a condition of complete apathy. No medicine has been given for fifteen hours, as the smell of the iodine had caused nausea. The following mixture was then ordered: ℞. Iodide of potassium 100 grammes; water 20 grammes; syrup of orange-peel 20 grammes. A teaspoonful every hour night and day. Tokay wine was also ordered at intervals. On the fourth day of the new treatment, the patient's condition was greatly improved, and the pulse was stronger. A teaspoonful of the solution of 5 grammes of iodide of potassium in 120 grammes of water was given. On the fifth day, the temperature was lower, but the swelling of the neck and the false membrane in the pharynx remained unchanged. Eight grammes of iodide in 120 grammes of water were then given in doses of a teaspoonful every hour; on the following day the dose was increased to 10 grammes of iodide. On the seventh day, the false membrane became detached, the cough was looser, and there was less hoarseness, whilst the infiltration of the neck had disappeared. The pulse was 132, the temperature 38.3° C., and the general condition satisfactory.

On the eighth day, the temperature rose to 39° C. towards evening, but fell on the ninth day; the false membranes had disappeared, and the cough was not so hard, though the voice remained rather hoarse. Complete convalescence was established on the tenth day. In the course of one week the child had taken 50 grammes of iodide of potassium.

There have been no subsequent symptoms, either as regards the digestive organs or the nervous system.—*British Medical Journal*, March 5, 1887.

Kœberle on the Treatment of Uterine Cancer by Hysterectomy.—Professor Kœberlé, of Strasburg, has recently given his views on this subject in the *Nouvelles Archives d'Obstétrique et de Gynécologie*, and they have been ably summarised in the *American Journal of Obstetrics*. He points out that primary cancer of the body of the uterus is very rare. When it occurs, the cervix is not affected for a long time. Cancer of the cervix generally begins near the os externum, and spread thence over the tissues of the cervix, involving the vagina and adjoining organs, before it passes beyond the level of the os. As long as the disease has not extended to the broad ligaments, or to the lymphatic glands which communicate with the uterine lymphatics, the body of the uterus will be free from malignant disease. Under these circumstances it is not necessary to remove it. When the body of the uterus is the seat of primary cancer, the cervix being sound, it is useless to remove it. Thus, total extirpation of the uterus, whether by abdominal section or through the vagina, is more dangerous and difficult than removal of either the cervix or the body alone. Hence

that operation should be reserved for cases in which partial amputation will not suffice for the complete removal of the disease. Supravaginal amputation of the body by abdominal section is applicable to cases of primary cancer of the body not involving the cervix; supravaginal amputation of the cervix through the vagina should be reserved for cases where the cervix to the level of the os internum is alone diseased. Total extirpation, or hysterectomy, is allowable only in cases where that operation is rendered relatively simple and safe, by the existence of complete prolapse of the uterus. There can be little doubt that all these operations are complicated and dangerous, and that in any one case it is always extremely difficult to make sure of the extent of the disease. Early amputation of the vaginal part of the cervix, by means of the galvano-cautery is likely to become a more popular method of treating cervical cancer in this country. Supravaginal amputation of the body of the uterus, the stump being secured by Kœberlé's *serre-nœud*, has proved very satisfactory in cases of fibroid, and appears to be the best manner of treating cancer confined to the body. —*Brit. Med. Jour.*, March 5, 1887.

Santal in Renal Colic. — The *Journal de Médecine* published the following note by Dr. Philbert on the use of santal in nephritic colic. Having already suffered from this painful disease, the author resolved to try the above remedy upon himself. An opportunity soon presented itself. Towards the end of March, about 4 o'clock in the afternoon, he experienced the usual symptoms, and hurried home as quickly as possible. He took four capsules of santal, and got into a bath. The pain was much less severe than usual, and did not last so long; in about an hour it ceased entirely. Dr. Philbert attributes this result in great measure to the santal, whilst allowing that the bath also did good. For six months he had no occasion to renew his experiment. At the end of that time he was again seized with frequent and imperious desires to pass water. Having no doubt as to the diagnosis, he immediately took four capsules of santal, and awaited the onset of the familiar pain in the kidneys. It did not come on, however, and nothing but a "stitch" in the left lumbar region made him aware that the calculus was passing off on that side. Dr. Philbert does not undertake to explain the mode of action of the santal in this case; he is content with pointing out its beneficial effects.—*Brit. Med. Jour.* Feb. 26, 1887.

Intermittent Albuminuria.—Dr. Mareau relates, in the *Revue de Médicine* for October, 1886, a case of an apparently healthy boy who had intermittent albuminuria. The child had never been ill until he reached the age of eight, after which time he had measles and typhoid fever. The author raises the question, without solving it, whether there is actually such a thing as physiological albuminuria, or whether the affection should be regarded as the result of a pathological process, however slight. He concludes his study of the case with the following considerations: 1. There exist forms of albuminuria, of unknown nature, which are compatible with a state of health. 2. The chief characteristics of these forms are that they are intermittent or transitory, and that the amount of albumen is never or very rarely large. 3. The intermittent albuminuria, in the case of the boy in question, was more marked after meals than at any other time of the day. 4. The influence of food upon the albuminuria was especially accentuated by the evident traces of albumen. 5. The slight trace of albumen which was observed in the case of the boy, in the urine passed the first thing in the morning, was without doubt attributable to the effects of the evening meal, for he urinated but once in the evening on retiring, and then not agin until morning. 6. The attack of measles from which he suffered had no effect in increasing or diminishing the amount of albumen excreted. When, by reason of the fever, the boy could not eat as usual, the albuminuria was not noticeable in the early morning; but during convalescence, when he began to take his ordinary meals, the albumen reappeared, as usual, after each repast.—*Med. Record.*

Medical Items.

The University of Baltimore has graduated eighteen M.D's.

The Medical Association of Georgia meets at Atlanta on April 20th.

A German Medical Society has been organized in Philadelphia.

Bellevue Hospital Medical College has recently graduated 134 M.D's.

The University of Louisville has conferred the degree of M.D., upon 87 graduates.

It is said that some two hundred different cures for rheumatism were sent to President Cleveland during his late illness.—*Ex.*

Prof. Hunter McGuire, of Richmond, Virginia, will deliver the annual oration before the Alumni Association of the Jefferson Medical College on Monday evening, April 4, 1887.

Dr. J. Kirk Duncanson, of Scotland, has accepted the office of Vice President of the Section of Otology of the Ninth International Medical Congress.

Rush Medical College, of Chicago, held its forty-third annual commencement on February 15th and graduated one hundred and thirty-four students.

Dr. William Goodell has resigned the post of Physician-in-Charge of the Preston Retreat at Philadelphia, which he has held for twenty-two years. Dr. Joseph Price has been elected as his successor.

The Baltimore Microscopical Society has elected the following officers for 1887-8. President, Prof. George L. Smith; Secretary and Treasurer, Dr. R. T. Wilson. The Society meets, on the third Monday evening of each month.

Dr. Austin Flint has been appointed visiting physician to the Bellevue Hospital, in place of the late Dr. Austin Flint, Sr., the position having been occupied provisionally during the past year by Dr. H. M. Biggs.—*N. Y. Medical Journal.*

A clergyman who conducted the funeral services of children who died from diphtheria, contrary to the regulations of the Board of Health of Des Moines, Iowa, has been arrested and quarantined. He appealed to the State Board of Health, and the local Board's action was confirmed.

The City of New York has been trying the experiment of putting the infants brought to Randall's Island Hospital out at various homes in the country at Mount Vernon. Fifty or sixty infants are being cared for in this way, so far, with a reduction of mortality from thirty to about five per cent.

Dr. Lauer, the physician of Emperor William of Germany, received a present of 300,000 marks on the occasion of the anniversary of the Emperor's birthday, in recognition of professional services. It seems that Dr. Lauer has managed to keep the Emperor in good health and prolong his days beyond the time allotted by the Psalmist. The Emperor was 90 years old on March 22.

Vaccination against Snake-Bites.—Prof. Sewell, at the University of Michigan, Ann Arbor, has been carrying out some experiments in Pasteurization, taking for his subject the virus from the sacs of rattlesnakes. By attenuation and cultivation he has succeeded in protecting pigeons and rabbits by inoculation, so that they will withstand inoculation of five or six times the strength of uninoculated pigeons or rabbits.—*Med. Rec.*

The latest religious sect in Russia has been founded on the dogma that it is a sin to let a fellow-member suffer the martyrdom of disease. Accordingly, when anybody falls sick, one of the believers goes to him and chokes him to death. The person commissioned for the deed is clad in red clothes, and is known as "the red death." Unfortunately, they do not confine their delicate attentions to the members of the sect alone, but, impelled by a broad charity, seek to cure in their peculiar way anyone, whoever he may be, who has the misfortune to become ill.—*Med. Rec.*

The eighteenth annual commencement of the University of Maryland was held at the Academy of Music, in this city, on March 22nd. The degree of M.D., was conferred upon 90 graduates. The annual oration was delivered by Col. H. Kyd Douglas, of Hagerstown, Md. Prizes were awarded as follows: University prize, a gold medal, to Dr. E. W. Pressly, of South Carolina; Miltenberger prize, obstetrical instruments, to Drs. E. W. Pressly, of South Carolina, and G. L. Kinne, of Vermont; Chisolm prize, an ophthalmoscope, to Dr. Elmer F. Frasher, of West Virginia; Surgical prize, instruments, to Dr. George B. Young, of Louisiana; McKew Memorial prize, a gold medal, to Dr. E. F. Frasher, of West Virginia.

A meeting of the Alumni Association of the University of Maryland was held at the Eutaw House, on Tuesday evening, March 22nd, Dr. H. M. Wilson, president in the chair. After the usual routine business the following officers were elected. President, Prof. Christopher Johnston; Vice-Presidents, Drs. C. H. Jones, J. W. Houck and Thomas Murdock; Recording Secretary, Dr. J. F. Martinet; Assistant Recording Secretary, Dr. C. E. Sadtler; Corresponding Secretary, Dr. Herbert Harlan; Treasurer, Dr. G. Lane Taneyhill; Executive Committee, Drs. W. F. A. Kemp; B. B. Browne, I. E. Atkinson, J. T. Smith and A. T. Shertzer.

The annual address was delivered by Prof. Christopher Johnston. A banquet was served by the proprietor of the Eutaw House at which a large number of the Alumni were present.

Original Articles.

REMARKS AND DEMONSTRATIONS CONCERNING STICKING-PLASTERS, AS ILLUSTRATING THE IMPORTANCE OF ACCURATE ATTENTION TO THE MOST MINUTE DETAILS OF SURGICAL DRESSINGS.*

BY ADDINELL HEWSON, M.D., OF PHILADELPHIA.

I have always, in my contemplations of work, as well as in its performance, followed the constant injunction of one of the best of teachers, and of the most devoted of fathers, namely, that of considering *fully* even the least of the details likely to arise in such work. If there are any gentlemen here to-night who remember that parent—he died in 1848, soon after this Society was organized—with his exquisitely delicate fingers and hands, which he always used with the greatest accuracy and refinement of motion, they need no explanations of the teachings by clinical examples as well as by the precept I then enjoyed. Many of the classes of the Jefferson College of those days—'46, '47 and '48—used to ask me toward the spring, when the evening twilights extended just beyond six o'clock, what I *then* seemed so quickly to find to do in my father's basement office on Walnut Street, for it was then evidently too dark to read there, and too light outside to justify my igniting the gas within. They would stop and watch for me, and I, immediately on getting in, would make some entries in a book—which I had first to place on the broad windowsill—of the weather observed in the afternoon previously by my father. Then, especially if the twilight was brief, I would begin exercises with my fingers in every direction, and particularly by motions with the thumb, index, and middle of either one, or both hands, simulating those of the needle operations for cataract of either side, and which were then most in vogue. Then came a match-box with its top and sides perforated with holes of various sizes, and containing pins and needles to correspond, by their heads and points, with *those* holes, and which I had to pick up, without looking, by the right hand, and then by the left, and put them back in the holes to which they fitted best,either by points or heads.

So, when some one was playing on the piano in the parlor, after tea, when I had some little time to stay and listen, before going to the choicest of the lectures I was then attending—those on operative surgery, by Prof. Pancoast—and my father was there for the same purpose, he would come behind me,and, with the whisper in my ear, "Never be idle," he would set my fingers going in some one of the many manners he had been long teaching me to be always exercising them.

With such schooling and discipline, begun and continued for many years, it should not be surprising that I have for fully forty years been working at and thinking over all kinds of the most minute, and sometimes, apparently, the most trifling details of operations and and dressings in surgery. That I have done so, is to be seen by the numbers and characters of many of the publcations I have made since I began my professional studies.

At the time of the beginning of those studies there was a warm discussion going on as to the merits of, and what should constitute a good adhesive plaster. A professor of surgery, of high distinction, had often declared that one might just as well attempt to improve the Bible as to undertake to improve the plaster he used. And yet many were doing so. There were then, in 1846, five or six large factories for making machine-spread plasters, in Philadelphia alone; the proprietors of which claimed, each for his individual make, merits which he as positively denied to that of others. Such greater excellences were chiefly in better ductility and flexibility, which were associated with durability, all of which were long afterward found to be due to the presence of different kinds of turpentine or resins in the

*Read before the Philadelphia County Medical Society, March 9, 1887.

formula used by those makers, or increase of the same kind. These were not long, by their doings, in showing this addition of the quantity of turpentine was the occasion of the very frequent occurrence of erythema, erysipelas, and suppurative action in parts. And yet neither the users nor the makers of the desired kind of sticking plasters attempted then to do without it, for in the subsequent revision of the formula of plasters in the *Pharmacopœia*, there were but four of the whole number (twenty-nine) that did not contain some such ingredient, and those very four were devoid of properties essential for the surgeon to have in his sticking plaster.

Liston, who was then in the zenith of his glory—the oldest, most dexterous, and most successful operator in London—abandoned altogether the use of the Emplas. adhesivum, or resinæ, and all others of the officinal articles, and resorted to the "English court plaster"—not, however, to get rid of the terebinthinate, because the court plaster was then made "by applying to black silk by means of a brush, first a solution of isinglass, and afterward an alcoholic solution of benzoin" (Wood and Bache, *Dispensatory*, eighth edition, 1849, page 463), for that plaster contained, as you see, a resin, but because the uses of all the officinal plasters had taught him that they were liable to provoke erysipelas in wounds. He did, however, at a later period, discover the source of such troubles in the presence of that very article of benzoin, for he abandoned the black plaster and employed one of a whitish silk, covered on one surface by only a layer of refined isinglass—a clear Russian article which Dr. George B. Wood then said was the purest form of gelatine known.

About this time (1847) J. P. Maynard, of Boston, proposed for adhesive plasters the use of a solution of gun-cotton, made in ether and alcohol called "collodion" then as now, but it failed utterly of success as it could not form its film over and across the edges of a wound and so hold them together. It also produced terrible distress when its contact was forced into the cut flesh. Soon after this proposition of Maynard, one of the greatest geniuses of our profession in Philadelphia, and who occupied the house adjoining my father's—Dr. Paul Beck Goddard—called me into his office with the declaration that he had something good to show me, which was the using of Donna Maria gauze, a strong, wide-meshed silk texture applied across the wound and secured there by painting the strips, cut warp-wise collodion through the meshes of the gauze on side close up, but not in the edges of the wound, and when it got dry, there through those of the other side. By such care and keeping the collodion for at least one-quarter of an inch away on either side of the cut edges of the flesh, it dried quickly and showed through its central portion that the edges were in perfect coaptation, a condition which could not be determined by the use of anything but a gauze texture. This demonstration by Dr. Goddard produced such a vivid impression of its advantages on me that I have ever since resorted to it as a means of support, also using various other kinds of open textures and other means than collodion to maintain them *in situ*. Thus I have used different qualities of bolting cloths, crape lisze, and other silk tissues. Some as fine as four thousand meshes to each square inch, and others as coarse as one thousand in the same space, determined by actual counting.

Of all such silk tissues I have found the bolting cloths, which vary in price from $1.80 to $4 per yard, forty inches wide, to be most satisfactory, and they are to be had everywhere, for where there is a settlement in this wide county there is always a flour mill where such textures are constantly on hand.

I have learned since Dr. Goddard's death that he had up to the close of his professional life used all such various textures.

The expensiveness of those silken tissues led me early to try others of cotton and thread, such as tulle, bobinet, tarlatan, mosquito-netting and the like, most of which had been dressed by manufacturers with starch to give them a better appearance, but which I have always

had thoroughly washed out to secure their full flexibility and adjustibility to irregular surfaces. Of them all so freed I have got the best results from the tarlatan, and it of a quality 20 warp by 20 woof to the square inch, is capable of bearing five pounds to such a square surface, when the traction is well diffused, a weight is equivalent to that usually employed over the pulley at the foot of the bedstead in the treatment of adults for fracture of the thigh.

Goddard's projects after his first trials with the gauze and collodion were to get rid of some of the objections belonging to the collodion itself, as it was originally prepared. These were essentially its forming too brittle a film, and its liability to blister the epithelial surfaces, and, not unfrequently to excite erysipelas, all of them objections of a very serious character, but which he overcame by the addition of minute quantities of sweet oil or Chio turpentine—the former being preferable on account of its making the collodion less liable to blister or to develop erysipelas than the latter.

Following the inclination generated by the mode of my earliest studies I have been constantly searching for other (see paper read before the College of Physicians, October 4, 1882) adhesive materials such as glues, gelatines, and the like, made flexible by a small quantity of glycerine. Then a fifty per cent. solution of "liquid-glass"—that is, an aqueous solution of that strength of silicate of soda—and, still more recently what was first named to me as "book-binders' paste." This last-named article in its pure and clean state is simply a wheaten flour paste made in a porcelain crock by boiling thoroughly one part of flour in three or four parts of cleanly filtered water, always for twenty minutes, stirring the mixture all that time by a clean, new, wooden or bone spatula, the former being preferable. Such paste should be applied by a thin strip of wood, directly to the bare, clean integumentary surface of one of the the sides which are to be secured together, and then one end of this strip of gauze is to be laid on it and rubbed gently and smoothly so that the paste will come through its meshes. It should be applied no nearer the edge of the wound than the collodion would be. It dries as quickly as the latter, and has, indeed, the advantage of always drying fast even on a moist or dampened surface, a property wanting in the liquid-glass, as well as the glue, even where expedients have been previously used to dry the parts. When the end of the strip first applied is fixed by the paste, some of the latter is to be put on the other side of the wound, and the gauze strip drawn smoothly across it and pressed on that side; the surgeon watching the contact of the lips as to how well it is secured, rectifying any irregularity to be seen through the meshes by a probe. Sometimes in a long wound it may be advisable to secure the initial extremities of the gauze strips alternately on both sides. On other occasions it may be better to fix them on one side and draw all by their free extremities across, and so get equal amount of traction and tension in that way.

The paste when made strictly according to the direction I have given and kept covered in a dry place will not sour and such paste can be made the vehicle of various kinds of antiseptics and disinfectants. By the addition of a small quantity of corrosive sublimate (one grain to a pint), immediately after it is fully boiled, it effectually prevents the germination and development of various kinds of microbes wherever it may be applied.

[Note.—Samples of the paste were shown, and its value illustrated by an application of it, and by magic lantern slides showing experiments performed to test its strength. A piece of gauze pasted to binder's board, by one square inch of surface, sustained a weight of from five to eight pounds. Two pieces of canton flannel pasted together over the same extent of surface, and subject to a tension of eighteen pounds, did not separate, although the canton flannel was rent at another point.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING HELD MARCH 4, 1887.

The President RANDOLPH WINSLOW, M.D., in the chair.

Dr. Richard Gundry read a most interesting paper on

INSANITY.

DISCUSSION.

Dr. John Morris agrees in the main with what Dr. Gundry has said and thanks him for the pleasure he has derived from the paper.

He has often been impressed with the very limited attention given to these matters by the general profession.

He considers the paper of special value in calling attention to the fact that all so-called eccentric people should be watched.

Dr. R. Gundry said, as to the ordinary eccentricities they may not unfit a man for ordinary pursuits of life but the danger lies in the probability of his transmitting them in an exaggerated form to his offspring.

Dr. Samuel T. Earle then read a paper entitled

THE TREATMENT OF HÆMORRHOIDS BY THE HYPODERMIC INJECTION OF CARBOLIC ACID—VERSUS CLAMP AND CAUTERY.*

DISCUSSION.

r. G. H. Rohé said the tendency towards surgical procedures in these cases is so great, that probably it may be out of place to suggest medical aid for their relief, but he has had such very favorable experience with medicinal agents that he feels justified in referring to them. Some time since he was called to see a man who was suffering from a hæmorrhoidal tumor about the size of a walnut. There was such an amount of discomfort that the patient was obliged to keep to his bed. The ordinary surgical aid was declined by the patient. Astringent and anodyne ointments were then applied without giving much relief. The tumor could be reduced, but only temporarily; it would be extruded from the anus almost immediately after having been replaced. He remembered then the suggestion made by Ringer as to the value of hamamelis in hæmorrhoids, and decided to try it. He therefore ordered a half dram of the fluid extract to be taken internally, with an equal amount of glycerine, every four hours. On the next day the tumor was reduced to half its size and on the third day the man was working at his daily occupation. There has been no return of the tumor.

During his last service at Bay View Hospital there were four cases that come under his care and which were reported to him as having piles. Without making any examination he directed the administration of hamamelis, as in the case above related.

Of the four cases in one the diagnosis had been doubtful, the opinion resting between hæmorrhoids and malignant growth.

No. 1 was treated with hamamelis and recovered completely.

No. 2 was treated with hamamelis, but left hospital on next day and no further record was obtained.

No. 3 was treated with hamamelis, but without improvement.

Case 4 presented as bad a condition as he had ever seen in a case of hemorrhoids and apparently justified the diagnosis of malignant disease that had been made. There were vegetations around the anus and the skin of the buttocks was much thickened and in a condition resembling elephantiasis. To this patient was given hamamalis and local applications of the same agent were ordered. The skin of the buttocks as well as the vegetations were painted over with silver nitrate solution. This case is improveing.

Case 3 turned out upon examination to be rectal ulcer.

Dr. Rohé thinks there are certain cases

*See MARYLAND MEDICAL JOURNAL. March, 12th, 1887.

of hemorrhoids that are undoubtedly benefitted by internal medication. He has used hamamalis in the treatment of varicose veins, but with no good result.

Dr. George J. Preston has employed hamamalis with benefit. Finds enemata of the drugs do good in cases of internal hemorrhoids. It is claimed that the drug has some specific action upon the tissues of the veins themselves. He has employed it with favorable results in cases of varicose veins and ulcers.

Dr. Spencer M. Free gets the best results from the internal administration of the fluid extract of ergot in one drachm doses three times a day, with a local ointment of per sulphate of iron, opium and glycerine.

Dr. S. T. Earle thinks most of the tentative means employed are only temporary and were the patients acquainted with all of the circumstances and possibilities likely to arise he thinks they would all prefer the surgical, to the therapeutic aid.

FIBROMA.

Dr. B. B. Browne showed a pedunculated pear-shaped soft fibroma from the left labium of a woman æt. 32 years. The tumor very much resembled a scrotum without the testes. For the sake of convenience it was the custom of the woman to wear this tumor in a pocket in her drawers.

Dr. J. E. Michael referred to a similar case reported by him to this Society some time since. His case differed mostly in degree. The pedicle being about as thick as the wrist and sufficiently long to permit the tumor, when the woman was standing, to hang down to her knees. The tumor itself was apple-shaped and was about five inches in diameter. It was worn in a bag suspended by straps which passed around the woman's neck. It, too was a soft fibroma.

It is rumored, says the *Medical Record*, that Dr. Lange, of New York City, has resigned his hospital appointments and gone to Germany, to accept an official position under the German Government.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

REGULAR MEETING HELD FEB. 3, 1887.

The President THOMAS M. DRYSDALE, M.D., in the chair.

Dr. D. Longaker read a paper on the

TREATMENT OF LABOR IN CONTRACTED PELVES.

The most frequent forms of contracted pelves are the flattened and the generally contracted. In the former the conjugate diameters alone are shortened, and in the latter all are less than normal. This paper is limited to the consideration of those cases where the narrowing is moderate and not sufficient to render the birth of a living child impossible, this embraces flat pelves having a conjugate of three inches or a little less and general contracted pelves having a conjute of at least three an one-third inches. Dr. Longaker here followed with a description of the peculiarities of the flat non-rachitic pelvis and the flat rachitic pelvis. Reports of six cases are given. In the first, with a conjugate of three and a half inches craniotomy was performed, in consequence of the large size of the head and an unchangeable bad presentation of the head, after attempts to deliver with the forceps had failed. The mother ultimately recovered. A careful study of the change from a vertex to a brow presentation is given and the increased dangers in multipara follows, with a criticism on powerful traction efforts first with one pair of forceps and then another until three or four have been tried.

CASE 2nd was delivered with forceps of a living child.

CASE 3rd, was also delivered with forceps of a living child.

CASE 4. Rachitic flat pelvis, conjugate of three inches, second pregnancy delivered by means of Tarnier's traction forceps. Her first child had been born without assistance after sixty (60) hours of labor. A large portion of the posterior cervix had sloughed away as the

result of this prolonged labor. The head was transverse and semi-flexed at the superior strait. He applied the forceps over the face and occiput and delivered a living child. The mother did well.

Case 5 was a counterpart of the fourth. Tarnier's forceps were used and mother and child did well. With version in contracted pelves he has had no experience. Under favorable circumstances the operation can be done so easily that it may be regarded as without danger in itself.

Case 6 was a breech presentation in a contracted pelvis, third pregnancy, the first child had been still born, the second was delivered alive by means of forceps. In this, the third labor, the extraction of the after coming head was very difficult and the child was still. The day after delivery signs of internal hæmorrhage and peritonitis appeared and the mother died 24 hours after delivery. Rupture of the uterus and vagina were found at the autopsy. Three other cases of uterine lacerations in breech presentation in contracted pelves are given and a study of the mechanism of this tendency to laceration is given and he comes to the conclusion that it will be best to restrict version to cases in which there are other reasons for it than mere existence of flattening. Some of these being the presence of the occiput on the smaller side of an unequally contracted pelvis, the sagittal suture over the symphysis pubis, presentation of an ear and prolapse of the cord. He extols the axis-traction forceps in these cases and exhibited an instrument, of his own devising, which he had used in two cases. He has no hesitation in applying the forceps high up in the uterus when the head is arrested at the brim of the pelvis, and cites fifteen cases of such application in proof of his opinion. After some remarks on estimation of the conjugate diameter he concludes with the following propositions:

In the flat pelvis and in the flat rachitic pelvis decided degrees of disproportion at the brim may be overcome by the natural efforts when the head presents.

In the forceps and especially in the axis-traction forceps we have the means of extending still further the possibilities of successful delivery when the head is arrested at the brim.

The forceps, judiciously used, is a safe instrument for mother and child.

The existence of contraction of the pelvis in itself is no reason for preferring version.

In flat pelves with a conjugate diameter of not more than three and a fourth inches and not less than two and three-fourths inches premature labor should be induced.

DISCUSSION.

Dr. Hinst differs from Dr. Longaker on two points. The propriety of always applying the forceps in flat pelves before the head has become engaged instead of turning and delivering by the breech; and on the propriety of applying the forceps over face and occiput in transverse positions of vertex presentations as in this latter operation the biparietal diameter must be increased.

Dr. H. A. Kelly agreed with Dr. Hinst. He considered the paper of Dr. Longaker's a very timely one, which in all its leading features he most heartily commended. It is certain that an intelligent use of the axis-traction principle is destined to revolutionize the treatment of labor in contracted pelves. In cases in which craniotomy has been the custom, axis traction will save many lives. A few important rules should be borne in mind. First of all, Dr. Kelly would differ from the speaker most decidedly in one practice and lay down the rule that "axis-traction" cannot be applied to the head above the brim. There is no axis above the brim and any traction on the rod merely causes the head to rotate around its own axis, but can under no circumstances be efficient in inducing it to engage. Axis-traction applies to heads engaged in the pelvis. Again the ordinary use of this principle should be to *assist the pains*. Further; it is important in using Tarnier's forceps of this model to constantly attend to keeping parallel the shanks of the pre

hensile blades and the proximal end of the traction rod.

If the handles of the forceps rise during a traction and it is felt by the examining finger that the head has not really advanced, then either the head has rotated in consequence of an excentric grip or the forceps has slipped, and here lies the great difficulty of the Tarnier instrument. The frequency of this accident together with some other considerations regarding the mechanical construction of the instrument have demonstrated to my mind the fact that it is only approximately axis-traction. I have here a pair of forceps with which I delivered a dwarfed woman two weeks ago of a full-sized live female child through a three inch conjugate. This pair of forceps was shown me first by Dr. Porak, of Hospital St. Louis, Paris, and I believe that by them I attain the most perfect axis-traction which has yet been devised. The principle is applied in a very simple manner to any long forceps. Each of the four blades of the spoons is perforated with a small oval hole as near the centre of the oval of the spoon as possible. Two long tapes are taken and one passed through the holes of one side, the four free ends are brought down under the forceps, and after their application, hang out at the vulva. These ends are brought through a hole at the extremity of a traction rod curved as ordinary traction rods, with the usual transverse handle at the outer extremity, this is then drawn up to the head and the ends of the tapes fastened on the rod at the apex of the angle where the vaginal turns down into the perineal curve. The advantage of this forceps are many. 1st. The application is extremely simple. 2nd. It can be applied to any forceps. The Tarnier cannot be, as it is only suitable to narrow heeled instruments. 3rd. The child's head is grasped by the center of its figure owing to the position of the attachment of the tapes. 4th. This same factor renders unnecessary the screws which is so dangerous in Tarnier's forceps, as the traction does not tend to force the blades apart but approximates them. 5th. The perfectly movable connection between forceps and rod, *i. e.*, the tapes, allows the head to flex and follow the curve of the pelvic canal.

I have used Tarnier rods and the Poullet forceps on the same patient several times, and my experience accords with that of Dr. Porak, where the Tarnier rods fail and the forceps slips, the Poullet forceps holds and works easily.

An interesting incident of a short time since shows well the comparative value of axis-traction. I had described my Poullet forceps to a friend who has a large obstetric practice. He soon called me out with a note, "bring your French forceps." I found the head well engaged but wedged tight. He had made many well directed vigorous efforts with his own forceps and finally gave up in dispair, producing no effect. I applied the Poullet forceps and with a moderate traction on the rod the head moved gently and steadily until it came directly to the outlet without apparent effort. We were both enthusiastic. "No ordinary forceps in the world could have accomplished that." Mr. Gemrig, of this city, keeps the rods on hand, they are the only essential part of the instrument.

Dr. Clemann. There is one feature of Tarnier's forceps which appears to be barbarous and unscientific, and I see this feature is retained in the instrument shown. I allude to the device of the screw which is intended by clamping the blades against the child's head to prevent the slipping of the instrument. Slipping should be prevented by the proper adjustment of the blades to the child's head and the moderate pressure induced through traction. To accomplish such adjustment in extreme cases a pelvic curve should be given to the shank of the instrument, such adjustment cannot with safety be replaced by the mechanical pressure induced by the screw. *Amer. Jour. Obst.*, 1878, 341 e seq.

Dr. Longaker had not had time to read Dr. Winten's article in the original, *Zeitschrift für Geb.*, but gained his information from an editorial in the *Med. News*, which states that an expectant

plan of treatment and forceps are advised for primiparous and early version for multiparous.

He still thinks the occipito-frontal application of the blades does not appreciably increase the vertical bi-parietal and bi-temporal diameters of the fetal head. It may increase the vertical diameters as the cervico-bregmatic and sub-occipito-bregmatic. A simple experiment on the manikin of Budin demonstrated the truth of this proposition. A full term fetus, still-born, was placed in position at the brim, the sacrum being thrown forward so as to make the conjugate measure three inches. With the axis-traction forceps the relative disproportion between the head and the pelvis, which was considerable, was easily overcome. With blades having a sufficiently marked cephalic curve the compression need be but slight.

There seems to be some misconception as to what is meant by the head being at the brim of the pelvis. The head is at the brim until the greatest transverse diameter, the bi-parietal, has passed the plane of the superior strait. With a head entirely above the superior strait the use of any forceps would hardly be appropriate. If fixation of the head could not be secured, version would be the best measure.

He did not see how traction exerted by means of tapes coulds be more efficient than with stiff rods.

The fixation screw is a necessity, there being no free hand to make the necessary compression by the handles. Moreover it is not objectionable. Continuous pressure is avoided by relaxing the pressure in the intervals. This was one of the chief objections urged by the late Albert H. Smith.

A little reflection and application of well recognized principles would dictate the proper method of applying traction. Simpler axis-traction forceps have been devised by Breus and by Braun.

As version is in almost universal favor in Germany and Vienna these instruments have little chance, they are scarcely used there.

Dr. Barton C. Hinst read a paper on

THE DEATH-RATE OF LYING-IN HOSPITALS IN THE UNITED STATES.

Of 19,902 women delivered in 34 hospitals during the years 1880 to 1885, distributed among 19 large cities of this country, 2.59 per cent. died after childbirth. This death rate compares very unfavorably with the statistics of hospitals in England, Germany, Vienna and Paris and is also more than twice as great as the death rate of general practice in the cities of this country, which is about 1 per cent. 1.5 per cent of the women confined should be the maximum death rate in lying-in hospitals, and to secure this result, those institutions should be subjected to State or municipal supervision.

DISCUSSION.

Dr. Baldy thought that in comparing American lying-in hospital reports with those of foreign countries, especially those of Germany, we would not find the former to hold an inferior position. According to Dr. Dohne's statistics the average per cent. mortality in Germany before antiseptics were introduced was 3.4 per cent. Comparing this with the 2.5 per cent. mortality as given by Dr. Hinst for American hospitals we stand about even; our apparent advantage being due to the fact that their 3.4 per cent. was without any antiseptic, our 2.5 per cent. included a few years of antisepsis. Comparing the years of complete antisepsis in both countries we still hold our own, Dr. Dohné giving the German an average mortality of 1.37 per cent. Dr. Hinst giving us a mortality of 1.31 per cent. for the Boston Lying-in Charity and 1.52 per cent. for Blockly Almshouse, Philadelphia, with a mortality of less than one per cent. for the past year in the last named institution. The mortality of private practice and hospitals scarcely admits of comparison.

Dr. Baldy considers modern midwifery too meddlesome. The practice of introducing the examining finger and manipulating the patient every fifteen or twenty minutes is a great source of

danger. This is evident on reference to Dr. Dohné's statistics. In hospitals, even under antisepsis, where students of medicine are taught, the per cent. mortality is given of 1.90; where midwives are trained, 1.13 per cent.; where there is no teaching whatever 0.56 per cent.

Two great sources of puerperal fever, so-called, are lacerations of the soft parts and diseased appendages. If the laceration were always dealt with primarily, and the appendages examined and dealt with as required, our mortality would drop to almost nothing. While he was an interne at Blockly Almshouse the vast majority of women delivered suffered from perineal tears, and in every one of these cases there was a rise of temperature that was called puerperal fever. There was no attempt at closure and no antiseptic precautions. A patient is now under his care who was delivered a month ago of a still-born child. On the third day she experienced a rise in temperature with all the signs of a puerperal fever, an examination disclosed a pyo-salpinx which will have to be removed to save her life.

Dr. Hinst admitted that before the introduction of antiseptics, the statistics of German hospitals were worse than those of our own hospitals at the present time.

Dr. Howard A. Pardee read a paper on

PERINEORRAPHY AS PERFORMED BY DR. W. GILL WYLIE.

The interest shown in the paper describing Dr. Emmet's operation for the restoration of the perineum, read at the February meeting led me to think that a brief description of the operation devised by Dr. Wylie might also be acceptable to the society.

According to a paper by Dr. Wylie contributed to the *N. Y. Med. Record*, March, 1885, he had devised the operation about five years previously. It was first performed before a class, so far as I know, in a ward in Bellevue Hospital N. Y., in the winter of 1882,-'83. It is the operation as I then became acquainted with it that I shall describe for it is the one I have since used and am most familiar with. A letter, received from Dr. Wylie a few days ago, tells me that he still uses the same operation with little if any modification. It is performed as follows:

The usual preparation by laxatives, hot douches and glycerine tampons having been carried out, the bowels are cleaned by an enema an hour or two before the time for operation. Just before the patient is etherized, a hot vaginal douche of corrosive sublimate, 1 to 5000, or carbolic acid, 1 to 40, given. The patient is placed on her back, the buttocks as near the edge of the table as possible, with the thighs strongly flexed and the knees held apart by an assistant on either side. The labia are drawn apart as fully as possible without straining and are held by the assistants. The caruncles marking the posterior border of the vaginal orifice are found and mark the limit of the denudation upward or toward the pubes. A tenaculum is hooked into the crest of the rectocele which is drawn down and an examination is made with the finger to find at what point the tissues on either side of it are put on the stretch by the traction, This point or one a very little above it is made the limit of denudation backward into the vagina. It is well to mark it by snipping off a particle of the mucous membrane on either side. For the denudation a pair of moderately sharp pointed scissors, curved on the flat is the most convenient instrument. Following Dr. Wylie's example, I have always used a pair of good dissecting forceps to catch the tissues, instead of the tenaculum. Commencing from below, a strip of mucous membrane as wide as can be conveniently cut is snipped off, following the line of junction of the skin and mucous membrane from the level of the inferior carnucle on one side to the same level on the other. We then denude all the posterior surface of the vagina, up to this level till we reach the beginning of the sulci running on either side of the rectocele. The part of the operation requiring the greatest judgment has now come. Our object is to unite the vagi-

nal walls above the sulcus on one side with the corresponding portion of the vaginal wall on the other side, obliterating the sulci and forcing back the rectocele. If we carry on denudation too high we shall find it difficult to bring the two sides together without undue tension. If we are too timid our support will be insufficient, and the operation will be but a partial success. The proper level having been determined we continue the denudation upwards till we reach the points in the vagina which we marked out as the limit of tension from the apex of the rectocele. This will usually be about one and a half or two inches from the orifice. In denuding this portion of the vagina we still work from side to side carrying the strip of mucous membrane down into the sulcus, up over the rectocele, down into the other sulcus and up to the level we have marked on the other side. In In doing this we should not cut very deeply and preserve as much as possible of the muscular substance of the vagina over the rectocele. But afterward we should go over our work in the sulci removing all tissue till we come to the firm fibrous external sheath of the vagina. In this way we hope to preserve a firm muscular coat over the rectocele. When we are through, the denuded surface will be nearly square, or if the rectocele be very large a parallelogram, the greatest length will be transverse to the axis of the vagina. All bleeding should be controlled preferably by pressure and torsion, but if necessary cat-gut ligatures may be used and the parts washed thoroughly with some efficient antiseptic. The sutures should now be introduced. The first three or four are placed as in the old "butter fly" operation, entering about a quarter of an inch outside the line of junction of the skin and mucous membrane, passing backward and then upward and forward, emerging on the other side at a point corresponding to the point at which they entered. The last one of these external sutures should be entered a little above the level of the caruncle which marked the limit of denudation upward. The remaining sutures, four or five in number, are usually entered in the mucous membrane a little above the line of denudation, passed down below the angle formed by the sulcus and up to the crest of the rectocele. It is best to bring the needle through at this point and reintroduce it at the same point, it then goes down the other side of the rectocele, round the angle of the sulcus and up the opposite vaginal wall till it emerges above the line of denudation opposite the point where it entered on the other side. This may seem to be a difficult stitch, but with a straight needle, a good needle-holder and the index finger of the left hand in the rectum, while thumb is in the vagina, it is made without much trouble. The greates care should be taken that the needle is buried when it passes under the angle of the sulcus. When the sutures are placed and before they are tightened, the sphyncter ani should be thoroughly stretched. This to a certain extent relieves the tension on the sutures and at least adds largely to the comfort of the patient by preventing straining at stool. Another thorough cleansing of the parts should now be done, and the sutures should be tightened from below upward. The urine is not drawn unless the patient is unable to pass it, the parts are washed after urination.

DISCUSSION.

Dr. Parish had for years performed a similar operation, but carried denudation farther up the vagina and thus avoids the formation of a pocket-like place in which discharges accumulate. He has found it in some cases a cure for constipation.

Dr. Baldy did not think Dr. Pardee understood Emmet's operation.

Dr. Price prefers Emmet's operation.

Dr. H. A. Kelly thought this an unsatisfactory modification.

Dr. Pardee was well acquainted with Emmet's operation as performed two and a half years ago. The obliteration of the rectocele in that operation was by drawing down a stretched wall, leaving it thin over the rectocele. In his experience opium had not been needed

after the operation to control pain. The external stiches are needed to secure a neat external healing.

(*To be continued.*)

Correspondence.

VACCINATION IN GERMANY.—A NEW DISINFECTANT APPARATUS AT BERLIN. — THE PENALTY FOR INSUFFICIENT VENTILATION IN ENGLAND. —A CURE FOR CONSUMPTION, ETC.

London, February 21st, 1887.

Editor of the Maryland Med. Jour.

A commission of experts, consisting of Von Eulenburg, Koch, Kerchenstein, Reissuer, Kriger, Boing and Weber, appointed by the German Reichstag, to investigate the subject of vaccination in all its bearings, and particularly with reference to measures of security against the alleged dangers of the operation, have made an exhaustive report of which the following is a synopsis of the conclusions reached:

1. That a single attack of small-pox will, with rare exceptions, afford immunity against another attack, and that a successful vaccination confers a like immunity during a period of from seven to ten years; but in order to insure protection, it is necessary, as a rule, that two well defined pustules or cicatrices should exist. A re-vaccination is always necessary after ten years.

The relative protection of individuals is greatly increased by the vaccination of the community, hence it follows that vaccination is not only generally, but individually useful. Under certain circumstances, vaccination may be attended by more or less danger, but though the danger of transmitting syphilis by the Jennerian method (vaccination from the human crust) is extremely slight, yet it cannot be entirely ignored. Apart from this, with reasonable care, there need be no fear from accidental complications; but with all, the utility of the measure counterbalances any eventual inconvenience which might accidently arise from it.

2. That in as much as there is a remote risk to health and life from vaccination with the human virus, by imparting certain diseases, as syphilis, erysipelas, etc., which can be avoided, in so far as the transmission of syphilis and accidental complications from the use of the human virus are concerned, it is better to have recourse to animal virus, which may be considered in every respect equal to the Jennerian method.

3. That the general introduction of the plan of vaccinating animals, with the view of securing at all times reliable virus, should be made gradually by every state or district until a sufficient number of establishments for the cultivation of animal virus have been provided. These establishments or "farms" should be under the constant supervision and control of the state or district health authorities, as the case may be, and all public vaccine officers should be appointed by such authorities, and be subject to their orders.

The following rules for the government of such establishments are suggested: (*a*) The chief health officer of the state will have general control and direction of the establishment; (*b*) Vaccine will be furnished promptly on demand to physicians or other persons in the state who may require it for immediate use; (*c*) in place of original matter, the vaccine physician of the establishment may under the direction of the health authorities, furnish matter from revaccinations, where he certifies that it is taken from a subject in which there exists no taint or hereditary affection; no vaccine matter shall be delivered to any physician or other person in the state without being accompanied by a certificate that it is fresh and perfectly pure; (*e*) The state or district health authority, as the case may be, shall formulate all necessary rules as to the age and manner of treating the calves to be used for vaccination; the time and manner of removing the crusts, the method of preserving and distributing the matter, etc.

4. In localities where contagious diseases prevail, such as scarlet fever, ery-

sipelas, etc., vaccination should not be performed during the existence of the epidemic, except in case of emergency. If the existence of such an epidemic is not known until after vaccination is begun, or if vaccinal erysipelas should occur the operation must not be performed on others in the neighborhood, unless under an urgent necessity. Physicians are warned not to practice vaccination, if it can with safety be avoided, while they are attending cases of contagious diseases.

5. Whenever vaccine matter is furnished the unprofessional, printed instructions must accompany the matter upon the following points: (*a*) Directions for using the matter; (*b*) instructions as to the manner of treating the child during the time of the vaccine fever, and also in reference to keeping the child in a pure atmosphere or well ventilated apartment; (*c*) cautionary advice against vaccinating a child when not in good health, etc.

6. At the vaccine establishment it must be insisted on that no virus taken from a child under six months of age; nor from an illegitimate child, unless both parents are known to be perfectly healthy shall be distributed. In no case shall matter be used if taken from a child suffering with ulcer, eruptions, tumefactions, chronic affections of the nose, eyes, ears or mouth, or with syphilis, scrofula, rachitis or other constitutional affections. Vaccine from a revaccinated person is prohibited.

7. An accurate record should be kept of all animals vaccinated, the time of vaccination, the progress and maturation of the pustules; and the same should be kept with reference to the vaccination of children, where the matter is to be distributed—a synopsis of this record is to accompany each separate distribution matter, *i. e.*, with reference to the matter sent.

The report which is lengthy contains many details and suggestions, but as these are for the most part already known by every intelligent physician it is quite useless to introduce them here.

The Council of Hygiene for the Seine has approved a report by M. Proust, in favor of the opening of a Vaccination Institute at Paris, and of requiring, under compulsion, the vaccination and revaccination of all workingmen arriving in Paris for the purpose of being employed on the works connected with the Universal Exhibition to be held in that city in 1889.

At Berlin a large and conveniently arranged disinfecting apparatus has been constructed which is free to the public. It is located in the Southeast suberb of the city, in proximity to the steam pump which raises the sewage of that section, and the engine of the pump furnishes steam for heating the furnaces of which there are three of the Mark and Schimmell pattern. The objects to be disinfected are placed in the furnaces and subjected for 30 or 40 minutes to a temperature of from 220° to 230° F. A number of experiments made by Guttman show that garden earth subjected to this process is completely sterilized in 40 minutes, and that under the same treatment the spores of charbon, the germs of pus, and the bacilli of cholera are also destroyed.

At a congress of Russian physicians recently held at Moscow, Dr. Kremjansky de Kharkow announced that he had found a means of curing phthisis. The remedy, which he states has thus far given excellent results, is frequent inhalation of aniline. These inhalations are to be continued until the patients show symptoms of poisoning, when the cure may be considered complete. The statement has attracted so much attention that the Russian Government has appointed a commission charged with the duty of investigating the matter.

An important prosecution under the Public Health Act has taken place at Bolton England. A landlord was summoned under the act for not causing premises of which he is the owner to be properly ventilated. It was found that the upper sashes of the windows of houses on his property were immovable, and that the air within the tenements, on the occasion of the visit of the sanitary officers, was foul from want of ventilation. An order was made by the court that the windows be altered, so as to afford sufficient ventilation, within three days, under a penalty of $5.00 per day for non compliance.

C. W. Chancellor, M.D.

Abstracts and Extracts.

Treatment of Pneumonia in Jefferson Medical College Hospital.—Dr. Bartholow observes that the treatment of pneumonia (acute croupous pneumonia) must be adapted to the varying conditions of its several stages. The therapeutical stages may thus be—congestion, exudation, crisis or lysis, resolution. When the proper period for crisis or lysis passes without the occurrence of the phenomena indicating it, only two terminations can be expected—subacute or chronic pneumonia; death.

At the onset, when the chill occurs, he gives a full dose of quinine (15 to 20 grains) and morphine (half a grain). He does not claim that this may abort the disease, although he believes it does sometimes effect this, but that it certainly does limit the extent of the congestion then taking place. During the stage of congestion and commencing exudation he employs two remedies chiefly: aconite and opium. Of the former, two drops of the officinal tincture; and of the latter, ten drops of the deodorized tincture, and given every two or three hours; double these amounts being administered at the first dose. When exudation has occurred for the aconite ammonia is substituted. He perfers the carbonate dissolved in the liquor ammonii acetatis, ten grains, to the ounce, of which a tablespoonful every three hours is given.

During the first and second stages, should there be wakefulness or delirium, or the temperature continue high (at 105° or 106° F.), Dr. Bartholow prescribes chloral in fifteen grain doses, three or four times in the twenty-four hours. Indeed, he has found that cases do better with than without chloral, and this, probably, because chloral has a solvent effect on fibrin and fibrinous exudation. As it, also, lessens body-heat, and quiets restlessness, which is only less exhausting than delirium, it becomes directly useful as a remedy for these important elements of the morbid complexus.

As the crisis occurs, or the lysis begins somewhere from the fifth to the eleventh day, attempts at resolution that might otherwise prove abortive, may be changed into a well-defined crisis by the timely administration of quinine or alcohol in an efficient dose. The indications for the use of one or the other of these remedies, consists in the appearance of the critical phenomena, without the concurrent presence of the others. A copious sweat, an attack of diarrhœa, the sudden return of the chlorides to the urine, the appearance of herpes on the lips, etc., are, of course, the usual objective evidences of the crisis. In the more serious cases, one of these signs may appear, and yet the attempt at resolution fail. It is then that the vital forces need the aid of one or both of these remedies to accomplish the revolution in the pathological process; then quinine, if the dominating factor is elevated temperature; or alcohol, should the cardiac energy appear insufficient; or both, if these conditions are combined.

The persistent use of quinine or of alcohol, according to Dr. Bartholow, is not to be commended. Quinine increases the digestive weakness, and alcohol, in any considerable quantity embarrasses the circulation and impairs oxygenation of the blood. Nevertheless, alcohol has a distinctive place in the treatment of alcoholic pneumonia. The pulmonary inflammation is often masked by the delirium tremens which is excited by the sudden withdrawal of the accustomed stimulus, and the failure of the nutrition; and, hence, under these circumstances, the alcoholic food must be freely supplied.

As regards counter-irritation, he is clear that only a mild irritation is proper; for whilst this, by a reflex action, stimulates the vasomotor system, and thus lessens congestion, severe counter-irritation, on the other hand, depresses the trophic system and hinders rather than promotes nutrition and repair. A succession of mustard plasters, each applied only long enough to redden the skin slightly, is the best form of counter-irritant. Stupes of turpentine are cumbrous, oppressive, and disagreeable, and blisters are unsuitable, unless applied long enough merely to act as a rubefacient. The counter-irritant or rube-

facient cone now made for topical applications, is a very convenient, even elegant, preparation for this purpose.

Venesection continues to be a *vexata questio*. In the old antiphlogistic days, bleeding was so completely overdone, that any merit it has was overwhelmed in the general condemnation. There are, however, two conditions of the circulation in pneumonia, in which a timely blood-letting is of great value: at the outset in a vigorous subject, when congestion is increasing in depth and extent; and at the approach of the crisis, when the heart labors in consequences of overfulness of the veins, and ischæmia of the arteries.

The necessity for close attention to the state of the nutritive functions is distinctly recognized. As the gastric juice in cases of pneumonia is deficient in the constituents required for the formation of peptones, Dr. Bartholow is careful to supply them with the aliment.—*Medical News*.

An Experimental Research Upon Rabies.—Dr. Harold C. Ernst, having received two rabbits which had been inoculated in Pasteur's laboratory, undertook to prove experimentally the following propositions:

(1) Is there a specific virus in the brains and cords of ribbits inoculated with Pasteur's material and after his methods?

(2) Does the treatment by drying, proposed by him, modify the strength of this virus? And, finally,

(3) Does injection with such "modified virus" produce an immunity against an inoculation (or bite) with virus of full strength?

His results with the experiments in detail appear in the April number of *The American Journal of the Medical Sciences*. Dr. Ernst began the investigation as a sceptic, but his experiments seem to justify a change from scepticism to a belief in, at least, a portion of Pasteur's assertions.

The conclusions which Ernst draws from his experimental work he summarizes as follows:

1. There exists in the cords and brains of animals inoculated in Pasteur's laboratory a *specific virus*, capable of the production of similar symptoms through a long series of animals.

II. That these symptoms are produced with absolute certainty when the method of inoculation is by trephining the skull, and injection under the dura mater, with less certainty when the inoculation is by subcutaneous injection.

III. That the strength of this virus is lessened when the cords containing it are removed from the animals and placed in a dry atmosphere at an even temperature.

IV. That the symptoms produced by the inoculation of this virus only appear after a certain period of incubation, distinctly shorter when the inoculation has been done by trephining, than when done by subcutaneous injection.

V. That injections of the virus, modified in strength by drying, and in the manner prescribed by Pasteur, exert a very marked protective influence against an inoculation with virus of full strength.

VI. That a very moderate degree of heat destroys the power of the virus entirely, whilst prolonged freezing does not injure it.

As will be seen, all of these conclusions are in complete accord with the declarations of Pasteur; their importance lies in the fact that they were reached at a distance from him, and by work entirely separated from any personal influence or bias.

New Treatment of Phthisis.—A new method of treating phthisis has been proposed, but apparently as yet but slightly tried, by Professor Kremianski, who read a paper on that subject at the recent Moscow Medical Congress, which provoked a good deal of discussion. The idea is based, first, on the fatal effect of the most dilute solution of aniline on Koch's bacillus; and, secondly, on the fact that aniline seems to be but slightly, if at all, poisonous to the human body. Professor Kremianski proposes to introduce aniline into the lungs, and, indeed, the circulation generally, by inhalation, so that the phthisis

bacilli should be bathed in a very weak solution of aniline, wherever they may be. This, he thinks, would kill them, and render even pulmonary cavities free from bacilli, so bringing them into the condition of granulating ulcers, which may be expected to cicatrize. A committee has been appointed, including Professors Subbotin and Ostroumoff, who expressed themselves at the meeting as strongly opposed to the plan, for the purpose of observing Professor Kremianski's proposed experiments in one of the Moscow hospitals. Two cases in which the aniline treatment had been successfully tried were detailed. A lad of eighteen, who had undoubted phthisis, was ordered a four drop dose of aniline (but took by mistake three times the proper quantity) combined with nux vomica, mint water, and antifebrin, his diet being good, including dried meat, kvas and oranges. He was also given inhalations of atomized aniline. A remarkable change took place almost immediately, all the râles disappearing; his temperature, respiration, and pulse becoming normal. His skin, however, assumed a slightly blue tinge, but whether this was as permanent as the cure is represented to have been is not stated. The second case was a complicated one, there being tubercular peritonitis and meningitis, together with typhoid fever, present at the same time as pulmonary phthisis. Aniline inhalations, washing out the pulmonary cavities with corrosive sublimate and antifebrin, were employed, together with a special acid diet, as in the other case. Here, too, the resultsare said to have been remarkably good, the bacilli disappearing from the sputum, and the patient regaining his health entirely. No mention is made in the abstract published by the *Vrach* of any change of color in the patient's skin. Amongst the various replies that were made to Professor Kremianski, Dr. Zakrzhevski, of Helsingfors, remarked that, admitting the facts as stated, still there was nothing to show that the aniline had been the cause of the cures. He himself had had surprisingly good results in phthisical cases, the disease becoming completely arrested by simply giving increased nourishment and prescribing antipyrin.—*Lancet*, March 5, 1887.

Uterine Tents and their Effectual Disinfection.—Dr. Dirner, of Buda-Pesth, has recently written in the *Centralblatt für Gynäkologie* on the effectual disinfection of tents used for gynæcological purposes. He observes how, after the greatest precautions, serious pelvic inflammation may follow the introduction of sponge or laminaria tents. This accident is clearly due, not to the mere ulceration of the dilated structures, but to the introduction of septic material through the mucous surface. The preparation of tents by soaking or coating in antiseptic media is insufficient. Septic matter may be introduced with the aseptic tent, surgeons handle and throw about samples at the shops, nor is the process of manufacture always properly superintended. Fritsch's method of coating tents with wax requires warm water to be at hand when the wax has to be melted, and that water may be septic. Dr. Dirner has detected cracks in the wax, allowing the admission of dust. The most carefully prepared dry tents can convey septic germs on their surfaces. For a year Dr. Dirner has employed in Professor Tauffer's wards a special system of disinfecting laminaria tents. He immerses them in a 1 per cent. solution of corrosive sublimate in absolute alcohol contained in a widemouthed bottle. When required, a tent is taken straight out of the solution and passed into the canal of the cervix, the patient being previously placed in the semiprone position, and the vagina disinfected. He takes care to inspect hollow stems before introduction, and should any crystals of sublimate be detected in the channel of a stem, it is dissolved with pure water. The results of this practice have been admirable, and he has seen no bad effects follow the introduction of the disinfected tents; provided that absolute alcohol be employed, the expansive power of the laminaria is in no way damaged.—*British Medical Journal*.

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BALTIMORE, APRIL 2, 1887.

Editorial.

THE INADEQUATE TREATMENT OF ANÆMIA.—In an address read before the Section of Medicine at the last annual meeting of the British Medical Association (*British Medical Journal*, March 12th, 1887), Sir Dyce Duckworth, M.D., F.R.C.P., presents a number of interesting and instructive facts which cannot fail to be of value to the general practitioner of medicine. The author begins with the assertion that there is everywhere a great deal of untreated anæmia. He observes it in healthy rural districts as in large towns. An outdoor life, in pure air, is by no means preventive or curative of this state. The causes of anæmia are not uniform. The author is as convinced of anæmia due to nervous influences, as of anæmia due to bad air, bad food, and imperfect solar influences. To successfully treat anæmia regard must be had to all such matters. Essential anæmia in its non-pernicous variety in young girls, he regards a very common condition in all ranks of life. The term chlorosis as applied to this form of anæmia he considers a good one and worthy of retention on all accounts. He regards amenorrhœa as a consequence of anæmia rather than its cause. The association of menstrual derangement, itself the result of anæmia, with gastric ulcer is too obvious to escape attention and the risks attending gastric ulcer in the anæmic female he considers very great. Among the evils and dangers which arise out of the anæmic state, which have only been sufficiently recognized recently, are the conditions of cardiac debility and dilatation, and the tendency induced thereby to valvular disease, especially of the mitral curtains. He considers it worthy of consideration whether a condition of prolonged and untreated anæmia may not tend to overstep a curable stage and pass into a pernicious form. To prevent the graver evils of anæmia he emphasizes the necessity for prompt and complete treatment.

He regards iron as practically a specific remedy in anæmia of the non-pernicious form, and attributes failures to its improper administration or insufficient dosage. He regards constipation a common trouble in anæmia. For this condition he recommends aloes associated with iron as the most efficacious remedy. In those cases where the state of the digestive system sometimes forbids the immediate use of iron the author finds a mixture of soda and calumba for a few days quite necessary and equally efficacious. Following this iron may be given, beginning with small and increasing to large doses. The best preparations are the ammonio-citrate, the tartrate and saccharine carbonate amongst the non-astringent ones. The larger doses often will succeed where the smaller fail. The carbonate of iron is regarded one of the best preparations. The following formula is appended as one of the best methods of administering iron. ℞. Ferri sulphatis, grs. ii; potasii carb., grs. ii; glycerini tragacanthæ q. s. ut ft. pil. i. The dose is one pill three times a day, gradually increased to four, to six, thrice a day. The author considers the dried sulphate a good preparation given in pill with potash or soda. He has employed it in twenty and thirty grain doses in pills with the best effects in severe anæmia. To secure the full benefit, however, he regards it necessary to keep the patient under care or observation from time to time for one or two years, and to recur to the treatment for a few weeks at intervals. The chalybeate waters are regarded with favor in the treatment of anæmia. During the

treatment by iron nightly doses of aloes are recommended. The treatment of anæmia demands something more than mere drugs. The author dwells upon the importance of rest. The main fact which he insists upon is the value of iron in much larger doses than are commonly given and the maintenance of the treatment for prolonged periods.

Progress of the Sanger Cæsarean Section.—It is no less interesting than instructive to note the various modifications which have been made in the methods of performing the Cæsarean section and the results which have followed the successive improvements made in the technique of the old classical operation. For hundreds of years obstetricians had no better method than the ancient section through the uterus, through which Cæsar, Æsculapius, Scipio Africanus, Manlius and Edward VI are said to have been brought into the world. From the time of the Cæsars until 1876 no real advance was made in the method of performing the classical section. In the latter year Porro, of Pavia, proposed his modification which, for the time being, revolutionized the original section. Porro's method was further improved by Müller, still the results obtained can hardly be considered fully satisfactory, and the removal of the uterus necessitated by the operation can hardly be regarded as a beneficent scientific aim. It was but natural that attention should revert to the old method of section and that the aim of the operator should be directed to an improvement of the method of closing the uterine wound. Sänger justly deserves the credit of such advances as have been made in the present method of closing the muscular section and suturing the peritoneal coat. It was through the one important feature of multiple suture, originally advocated by Sänger, that have followed the other modified and simplified steps of the present method.

"The value of the multiple system of suturing lies in the fact," says R. P. Harris (*Medical News*, March 26th, 1887) "that the gaping *force* is so divided, as to reduce very materially the individual tension upon each stitch, and thus prevented what had been so often found on autopsy, a gaping wound, with escaped uterine discharge in the peritoneal cavity."

Sänger was the means of starting these improvements. It was he who advocated first, in writing, the application of the Jobert-Lembert system of suturing to the uterine wound in the Cæsarean section and it is but just that his name should be given to the present method. The Sänger method is the only one which has borne the test of recent experience. Is has not only worked a revolution in Germany, but is coming to the front in all civilized countries as the most rational and trustworthy of all methods yet devised. Dr. Harris has recently recorded the statistics of the first 50 Sänger operations. Of this number 35 women have been saved, or 70 per cent. against 40 by the Porro; 43 children have been saved, and probably 46-3 are yet to hear from. The early record of the Porro operation was as follows. First 50, 20 women and 41 children saved; second 50, 20 women and 36 children saved.

Mineral Springs of the United States.—Those physicians who are in the habit of advising their patients to visit Europe for the benefit of its mineral waters would do well to consider the great resources of the United States in respect to the number and variety of its mineral and thermal springs.

We find in the *Therapeutic Gazette* (March, 1887), the following statement compiled from the report of Dr. A. C Peale, in the Thirty-second Bulletin of the United States Geological Survey. In this report Dr. Peale mentions 2822 localities of mineral springs.

"In the Northern Atlantic States there are 405 localities and 637 individual springs; in the Southern Atlantic States, 371 localities and 1048 individual springs; in the Southern Central States, 1201 localities and 1911 individual springs; in the Northern Central States, 601 localties and 1276 individual springs, in the Western States and Territories;

722 localities and 3949 individual springs; making a total of 8821 springs. But a small proportion of this immense number of waters has been analyzed. Thus, out of nearly 4000 known mineral springs in the Western States only 132 have been studied by the chemist, and only 18 have been used as health resorts."

It is thus shown that we have in our country inexhaustible wealth in mineral waters and that no excuse can be presented for seeking the benefits of European water cures save our ignorance of our own mineral springs.

Miscellany.

The Medicine and Hygiene of the Talmud.—Since the publication of my address on "Jewish Hygiene and Diet in the Talmud and various other Jewish Writings heretofore Untranslated," delivered before the American Medical Association in 1884, at Washington, D. C., I have been constantly urged by the profession to translate and publish the medical and hygienic portion of this "wonderful" compilation, the Talmud. I therefore beg to state to the profession at large that I have concluded to translate and publish from the Talmud everything relating to medicine, providing that, prior to the undertaking, I can receive one thousand subscribers for the book. Such subscription may be addressed to me in the following words:

I, the undersigned, agree to take one (or more) copy of the "Talmudic Medicine" of Dr. von Klien, which shall not exceed $5.00 in cost for 500 octavo pages, or at $1.00 for each 100 pages, payable on delivery. Under no other circumstances will I undertake this labor. No more copies will be published than the number subscribed, and fifty extra copies for the distribution to the principal medical journals for review.

Carl H. von Klien.
110 E. 2d St., Dayton, Ohio.

On the Uses of Boric Acid.—Dr. J. T. Searcy in the *Atlanta Medical and Surgical Journal* writes enthusiatically in praise of boric acid, which as an antiseptic, he says, is better than iodoform, besides being cheaper. The best shape in which to use it is an impalpable powder. Open wounds, before they are closed, may be freely dusted over with this powder, and compound fractures may be so treated, with often the happiest results. No application so effectually destroys the offensiveness of foul sores. Cancerous and other ulcers are benefited by boric acid, in combination with iodoform or not. It makes an excellent injection for gonorrhœal inflammations, in the strength of ten grains to the ounce of water for the urethra, and half an ounce to the pint of hot water for the vagina. Eczema, both in its moist and in its dry stages, is helped by it, as a rule. Dusted finely on itching surfaces, proves usually a very grateful application. It is almost a specific in ringworm: moisten the surface first, and with the wet hand, or a piece of sponge, rub the powder into the skin firmly once or twice a day. All itching is soon allayed, and the part gradually gets well. Persons troubled with offensive secretions of the axilla or the feet, will find this a very efficient and safe application. A combination of iodoform one part, boric acid two parts, vaseline four parts, makes an excellent ointment for venereal sores.—*Bost. Med. and Surg. Jour.*

A Speedy Cure of Whooping-cough.—Mohn, a Norwegian physician, had in his own family a case of scarlatina and whooping-cough. After the violence of the scarlatinal attack had subsided, but while the whooping-cough was still present, Mohn disinfected the child's bedding with the fumes of sulphur. Just previous to the fumigation the child had a severe paroxysm of coughing, which led the father to hesitate in his employment of the sulphur. He was surprised and gratified, however, to observe that the disease was cured; and the patient's sister, who had a cough, the sequela of pertussis, was also cured.

These children were not included in the fumigation intentionally, but inhaled such vapor as causually permeated their apartment.

In a subsequent severe case, the

writer, after the failure of other means, had recourse again to inhalations of sulphur gas, with prompt success. He cites successful cases of five months in age, and children of varying ages have been cured in this manner. He proceeds as follows: The patients are dressed in clean linen, and taken from their bedroom to another room. In their absence bedding, furniture, play things, linen, clothing, everything which the sick-room contained is so arranged that the fumes of sulphur can penetrate to all. Six and a half drachms of sulphur per cubic metre of air-space in the room are burned, and the fumes allowed to permeate the room for five hours. At evening the child is taken back to the sick-room and put in a bed which was disinfected; it awakes the next morning cured.—*Revue Internationale*, No. 35.—*Ther. Gaz.*

Muriate of Pilocarpine in Uræmia.—Dr. A. D. Bundy, of St. Ansgar, Iowa, says in the *Ther. Gaz.*, (March, 1887). "There is nothing new either in the drug or in the use of the same in this short communication. But I wish to emphasize its great use and efficiency in cases of acute nephritis, where the suppression of the urine is nearly complete, and in which the patients are in extreme peril unless the kidneys can be temporarily relieved by prompt and free sweating. I know no remedy so efficient, prompt, and free from danger as pilocarpine. I have used it hypodermically in children with the best results, and no sign of injury. There are times in every practitioner's experiences when to have such a remedy at hand, and at the same time the boldness to use it, is to tide a patient over a critical place until other remedies and means can be used to follow up its beneficial effects. One of such occasions is such as I have mentioned. When convulsions and coma have possession of such cases, time is almost wasted in pouring drugs into the stomach, even were it possible, or even injecting the same per anum. Pilocarpine, according to my experience, which is quite large, has done me and my patients royal service. It ought to be in the possession of every physician. The knowledge that it is used but very little in the country is my reason for writing this."

The Therapeutic Value of Tincture of Cannabis Indica in the Treatment of Subacute and Chronic Dysentery.—In the *Indian Medical Gazette* for December, 1886, Mr. S. J. Rennie reports four cases of dysentery, the first three being subacute and chronic, and the last of the acute form, in which cure resulted from the administration of tincture of cannabis indica, even after ipecac with opium, Dover's powder, nitrate of silver injections, and various other modes of treatment had failed.

Mr. Rennie first tried the officinal tincture in doses of 20 minims three times daily, but he has since found that this dose sometimes produced slight toxic symptoms, and he has consequently reduced the quantity to 15 minims, and prescribes it according to the following formula:

℞. Tinct. cannabis indicæ, ♏xv;
Bismuth. subcarb., gr. v;
Mucilag. acac., ʒss.
Misce, et adde
Tinct. zingiberis, ♏xx;
Tinct. carda. co., ♏xx;
Spt. chloroform., ♏xx;
Aqua cinnamom., ad ʒi ter die sum.

Even in these doses it is necessary sometimes to order it to be taken after meals, as it occasionally produces vertigo. It is pleasant to take, and there is no subsequent nausea. The administration requires to be kept up for several days after all symptoms have ceased.—*Ther. Gaz.*

Suicide of a Physician.—Dr. A. G. Ely, of Girard, Pa., committed suicide March 27th, 1887, by taking morphine. He was one of the leading physicians of Northwestern Pennsylvania, and had amassed a fortune of $150,000. The delusion that his property was getting away from him drove him to self-destruction. His friends had put a watch over him, but he unobservedly swallowed 100 grains of morphine, and was in the last agonies when discovered.

Medical Items.

Dr. Brouardel, the well-known epidemiologist and medical jurist has been appointed dean of the Faculty of Medicine in Paris.

The *British Medical Journal* announces the election of Mr. Lawson Tait as a Vice-President of the Ninth International Medical Congress.

Dr. Cazenave de la Roche has found iodide of potassium combined with cow's milk a very efficient remedy for asthma. It should be given as follows: distilled water, 150 grammes; iodide of potassium, 8 grammes. One tablespoouful of the solution in a cup of milk twice a day.—*Brit. Med. Jour.*

A very elegant and complete new building for the Medical Department of Western Reserve University in Cleveland, Ohio, has been completed and was formally dedicated on the evening of March 8, 1887. The entire cost, about $175,000, was the donation of Mr. John L. Woods, a wealthy and liberal citizen of that city.

The Medical Society of the State of North Carolina will hold its regular annual meeting in Charlotte, on Wednesday, Thursday and Friday, the 13th, 14th and 15th of April.

The Board of Examiners will meet in Charlotte on April 11th to allow candidates an opportunity for obtaining their license in time to join the Society on the first day of its session.

M. Bergé, an inhabitant of Bordeaux, who was treated for rabies by M. Pasteur six months ago, developed symptoms of the disease a few days ago. He was taken to the Saint André Hospital, where he died, after a terrible attack of rabies. Dr. Pitres refused to give his opinion upon this case until he had inoculated rabbits with a portion of the patient's spinal marrow. — *Brit. Med. Jour.*, March, 5, 1887.

The Remuneration of the French Professors, according to the "Gazette hebdomadaire de médcine et de chirurgie," has been fixeda s follows: *Paris.* — Twenty-five professors of the first class, 15,000 francs each; seven of the second class 12,000 francs each. *The department.*—Three professor of the first class, 11,000 francs each; four of the second class, 10,000 francs each; eighteen of the third class, 8,000 francs each; eleven of the fourth class, 6,000 francs each.—*N. Y. Medical Journal.*

Among 224 bodies examined by Dr. J. P. Sierro at Professor Zahn's Pathological Institute at Geneva, he found in thirty-eight cases either thickening or chronic ulceration of the tricuspid valve. The following are his conclusions. 1. Chronic ulceration of the tricuspid valve is not a rare affection. 2. The lesion is always secondary, being a consequence of more or less prolonged rise of the blood pressure in the pulmonary artery. 3. It does not resemble the condition left by acute endocarditis. 4. It occurs mostly in advanced age. 5. It is an anatomical proof of tricuspid insufficiency.—*Brit. Med. Jour.*

A case has been recently decided in Atlanta, Ga., which offers some points of interest. Dr. Henry Wile, of that city, proposed to a boy of thirteen years old to submit to the removal of some small skin grafts from his arm to be placed upon an extensive ulcerated surface on the head of his cousin, a little girl somewhat younger whom he accompanied to Dr. Wile's office. The boy readily consented and minute grafts were excised without causing him any inconvenience. The father of the boy subsequently swore out a warrant against Dr. Wile charging him with assault and battery. Upon trial Dr. Wile was promptly acquitted.

The Commissioners of Public Charities and Correction of New York City have erected a tablet in Bellevue Hospital in memory of the late Prof. Austin Flint. The tablet consists of a large and massive plate of brass, set in a panel of antique oak. The inscription reads as follows:

IN MEMORY OF AUSTIN FLINT, M.D., LL.D.,

Entering the profession with broad culture and thorough education, he remained an active physician to the last day of his life. As a medical writer, he added to the knowledge of the American profession and to medical science. As a teacher, he was loved and respected by thousands of his pupils in all parts of the country. As physician to Bellevue Hospital for twenty-five years, he contributed largely to its reputation by his character, acquirements, labors, and wise counsels.

Erected by the Commissioners of Public Charities and Correction; H. H. Porter, President; Thomas S. Brennan, Charles E. Simmons.

The Name of a Benefactor Disclosed.—"The Massachusetts Eye and Ear Infirmary, on Charles street," says the *Boston Post*, "made a successful appeal to the public in 1882 for subscriptions to a permanent fund of $100,000. Among those whose attention was attracted by the appeal was a beneficent and charitable citizen of Berkshire county, who requested Mr. Jarvis N. Dunham, of Pittsfield, to visit the institution for the purpose of learning its object, purposes and results. Mr. Dunham's report resulted in a contribution of $10,000, on certain conditions, to be known as the 'Berkshire fund.' Those conditions are complied with by sending from the institution, once in three months in each year, a physician, specialist or expert in the treatment of the eye, to meet all patients in Berkshire county who need special treatment in this respect. All who cannot afford to pay a physician's bill are served free. The people of the county and the officers of the Boston institution, however, have never known the name of their benefactor. The secret is disclosed by the sudden death recently of Zenes Marshall Crane, of Dalton, the widely-known paper manufacturer."

Original Articles.

AN ADDRESS DELIVERED BEFORE THE ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND, MARCH 22, 1887.

BY PROF. CHRISTOPHER JOHNSTON, M.D., OF BALTIMORE.

Fellow Alumni:—

I am most happy to greet you all; the *older* members of our Association for that you have maintained undimmed its prestige, and the members *recently* added for that you come to us warm and earnest and laden with the first rewards which the science and art of medicine have conferred as trophies through our venerable Alma Mater. And to-night we are *one* for our great purpose is the same.

There is, perhaps, nothing which sinks deeper into the heart of thinking men—and women, also, for women too exert their power of thought—than the attitude of ambitious youth who, after diligent and patient toil, reach the first summit of distinction and gaze about them as denizens of a new world. That world is open to them and for them; they are bewildered by the vastness of the domain, the fascinations of its temptations, the extended plains crowded with plodders, the higher lands more sparsely covered, and the sky cloudless, but filled with the glory of the early sun. What can it be that arrests the thinkers who survey the throng? Is it apprehension as to the persistence of resolve; is it fear as to the chosen paths which may lead or mislead; is it doubt as the good established; is it dread as to the fixedness of purpose of those who cry out "the land is mine!" or, as Moses said unto Aaron when viewing an attractive and neighboring territory, "Let us go up into the land and *possess* it." The land is *success in life*, and is that a chimera, or is it wealth and lazy ease, is it place, position or fame, or is it the crowning glory of the benefaction of mankind through the loyal worship of the deified genius of medicine? Alas! all will not make the happy choice, all will not bear the fardels of trusting toil, or accomplish the highest aim and attain it through the gateway of knowledge even if its arch, like the rainbow, span the heavens, its ends resting upon the earth and sea.

Still, many so enter and reach the Walhalla of goodness and greatness,and in its halls live in sweet intercourse with knowledge and truth, undisturbed by crowds which cannot penetrate there.

And this leads me to remark that inasmuch as there are several ends and aims had in view by the newly crowned members of our profession, some meaning to abide in it and some to bear off the title into other pursuits, it follows that knowledge and learning are unnecessary for the many who may be content to dwell around and in the courts of the temple; but it is also certain that both of these are indispensable for those who seek to reach the sanctum of the privileged; those, who having been seated at the feet of Gamaliel, feel the inspiration to wish to occupy his chair.

And here your orator feels bound to point out the relationship existing between *knowledge*, which is of the past, or is the record of the past, and *original reseach*, of which the results, that are of the present,become knowledge and make way for the evolving unknown. It is, in fact, a process of evolution which expands in widening circles not simply like the enlarging rings of the growing tree which mark out periods of growth and make note of the addition of material, yet not of *new* or *different* matter; but rather like the days of creation advancing, corelative, successively emerging and yet independent, until, reaching the seventh day all aspirations tend to expand in the infinite.

It seems to me, therefore, as things practically are, that science, Janus-like, is bi-facial, *original research* gazing from the ever fleeting present into the vague beyond, and knowledge scanning the nascent and retreating past; the one greedy of new acquisitions, the other weighing them, scrutinizing them, and determining their value and their claims to novelty. Producers in science must

look back as well as forwards. To know what is *new* they must know what is *old;* but the horizon must be scanned in *both directions*, else onefacedness, looking backward, might end in a fixedness as positive and complete as that first recorded phenomenon in chemistry, the cubical crystallization of Lot's wife. Retrospection, if alone occupying the mind, becomes a vice, dwarfs the energies, and bars the way to progress. Authority is a good thing as being the oracle of labor and observation; but authority was at one time innovation and innovation meant advance. If men allow themselves to be guided by authority only science stands still and memory usurps the place of a 'prophetic soul, as does paleontology that of research of the new and original. Readers and students are prone to forget that they themselves may or must be guides in new paths, and their actions must be directed by the manly assertion of personal responsibility and independent thought. And for them the world may go round but it leaves them behind.

Thus Galen, who lived in the second century after Christ, was authority, but so great a one that for nearly fourteen hundred years his dogmas were accepted in the face of direct observation proving the contrary; and if differences were, and they were many, the Galenists disposed of their adversaries by the simple statement "*Dixit Galenus.*" One instance will suffice to make this point clear.

Galen believed and taught that the interventricular septum of the heart was perforated that there might be intercommunication between the spirit and the blood. "The septum is not perforated:" "how is it then" says Flourens,* "that Galen believed and saw it pierced? It was because he had imagined that it was necessary to be so."

"For Galen the partition was pierced with holes because he had conceived a system which demanded this as a condition. For the first modern anatomists the septum was riddled because Galen had said it was. Mundini,† 16th century, says the partition is perforated. Berenger de Carpi, 16th century, is the first to admit that *the pores are not very perceptible;* and Vesalins, the great Vesalius, the father of modern anatomy, alone dares to say that they do not exist. But not all at once. He begins by repeating, with all the rest, that the blood passes from one ventricle to the other through the holes in the septum; but presently, carried away by the force of fact which he sees, which he touches, he declares that he thus speaks only to accommodate himself to the dogmas of Galen."

To pursue this matter farther I would be drawn into a discussion about the discovery of the circulation of the blood, and be obliged to trace it through Eristratus, and Galen, Cesalpinus and Vesalius to Servetus—Servetus, who introduced the great "discovery of pure and profound physiology in a book having for title; Christianism i restitutio—The reëstablishment of Christianity," and for which he was burned at the stake at Geneva in the year 1553 by Calvin. But I will forbear; and in the words of Flourens, "I will take good heed to make no allusion to the theological works of Servetus, which I have not read. Perhaps, in his quarrels with Calvin the one was as much at fault as the other; but, at any rate, he did not bring about the cremation of Calvin."

Illustrations evidencing the necessity for retreating as well as advancing scrutiny are sufficiently numerous and striking. For example Chassaignac in 1850 revived the drainage tube and claimed its discovery. But this valuable instrument had a much higher antiquity since its employment was regarded as an "easy remedy" one hundred years before. Thus it is related in the Country-House Keeper's Family Companion, by W. Ellis, farmer, London, 1750, "How a person's wounded thigh was cured by a most easy remedy." "Now it happen-"ed, that in this interim of time, Mr. "Edward Thome, a butcher, of great "dealing, living at Little Gaddesden, in "Hertfordshire, and who killed all or "most of the Duke of Bridgewater's "beasts for his numerous family, had a

*Histoire de la Decouverte de la circulat. du Sang. Paris, 1854.
†Anatomia Mundini 1540.

"violent scorbutick humour broken out in "his thigh, that so lamed him, as to ne- "cessitate his having recourse to a pro- "fessed surgeon, but notwithstanding his "application Mr. Thome was still in a "very painful sad condition; in so much "that the late good Scroop, Duke of "Bridgewater * * * seeing this "man (his butcher) in a very decrepit "condition, asked him what was the "matter? He told his Grace how lame "he was by a wound in his thigh, and "that he was hardly anything the better "for what his surgeon had done for him. "Upon this the Duke offered to give him "his letter for carrying it to London, "and to wait on that celebrated surgeon "the late Mr. Bouchier, for his advice; "for you must know that this person "was so skilful as to be encouraged (as I "am informed) by a large yearly salary "from government, for giving his advice "gratis to his Majesty King George the "Second's subjects; and abundance of "service he did to great numbers of "people, amongst whom was this Mr. "Thome, who when he had presented "him the Duke's letter, and seen his "wound, asked him who was his sur- "geon? He told him. Says Mr. Bouchier, go "tell him he is a blockhead, for proceeding "thus in a wrong manner, and bid him "get a black-lead pipe thrust into the "wound, there to remain for the pus to "evacuate through it, and as the wound "heals it will push out the pipe by de- "gress, which must from time to time "have its end cliped off with a pair of "scissors, lest the shirt catch it and tear "it out, for no salve will affect this sort of wound.

* * * * * *

"N. B.—The black-lead pipe was at "first four inches in length, with a hole "in the middle of it, a little bigger than "that of a common tobacco-pipe, and of "its shape, which, by the help of a band- "age, kept in the wound, till it descended "by leisure degress, and was diminished "by frequently clipping of, till the cure "was perfected."

I have no apology to offer for the fact that the volume quoted is a secular one, for the description of the plan of treatment now first reproduced by me is so exact that it must have been based upon knowledge. Neither will I contend that Chassaignac ought to have been acquainted with the work; it was in English, for your orator attended the clinic of that eminent surgeon in 1851, and become aware that he had not acquired our beloved language. Indeed the French are not apt scholars of English, although they may have all the will to know and time to master it, as may be gathered from the following little story.

A French criminal, upon the verge of his doom, was asked by his kind jailer to make a last request that that functionary might revise a custom and grant it.

"Ah! yes!" said the unhappy victim for the Guillotine, "I have a last wish to express;" * * "I want to learn English!"

Let us continue:

"To know what is new we must know what is old" is an aphorism as true now as it was in earlier times, but its application was ever so much more difficult then than at present. To the ancient all the world had been open, and the needs of every day and the greed of research had unlocked vast treasures of thought and practice; but in the centuries after Christ many discoveries were forgotten and few others added, until, as in the beginning, the needs of civilization set minds to work and *old discoveries* were *made anew.* And the moderns claimed these discoveries, although they had been fossilized and afterwards brought to light.

I would not go so far as Dutens,* member of the Royal Society of London, whose leaning towards the Ancients was very decided, when he says in his "Origin of Discoveries" edition of 1812, that "there is hardly one of the discoveries attributed to the moderns which was, not only known to the ancients, but supported by solid reasoning." If such a state of feeling prevailed, claims to originality and novelty were at a discount; knowing what was old left no room for the recent. But even in our own era greatly more was done than

*Origine des Decouvertes attaibuees aux Modernes, 4th ed., Paris, 1812.

disinterring fossilized mind-work, albeit this progress was made at a very late period. But that era had buried in Pompeii the splendid surgical instruments for the urethra and lithotomy, although the origination of the grand appareil of which operation M. Dutens claims for John de Romanis, of Cremona, as published by his disciple Marianus Sanctus Barolitanus in Venice in 1535. The instruments, however, were perfect and ingenious, and the art of using them must have been familiar long before the year 79, A. D., when the City of Pompey was submerged by an Ocean of boiling lye and ashes. We have not their statistics, but while granting to the ancients the merit of discovery of the operation, they themselves would be astonished at the performance, by one of our alumni, Prof. Alan P. Smith, of 52 consecutive successful lithotomies, of two nephrolithotomies, both successful, by another Alumnus, Prof. L. McLane Tiffany, and of ninety-nine consecutive lithotomies, and removal of one hundred and nine calculi, with only one death, and that on the twelfth day, by our eminent fellow townsman Caleb Winslow, M.D.

Nowadays to know what is new in medicine is to know either what may be the full development of many dreams of the ancients, or what is better, to know in what vaster circles science soars, how laparotomies are habitually practised on the living, how all the cavities of the body are entered and explored, how death is excised or dragged away from every organ in the body, and how by arrest or destruction of germs septicæmia and other diseases caused by germs are held in check or annihilated by antiseptic medicine or surgery. And it is also new, as contrasted with less modern views and practice, to have Dr. Barnes enunciate among his other conclusions, this one; "the legitimate aspiration and tendency of science is to eliminate *craniotomy* on the living and viable child from obstetrical practice."*

For all the glimmerings of the ancients the sixteenth century gave birth to many a new discovery, many a new invention, to originality in war, in art, in song, in science, and to simplification in the art of bandaging and to the invention of the silken ligature for the arrest of hæmorrhage. Both of these latter marks of progress were violent innovations, *the first* as great an advance in the surgery of wounds as the antiseptic method now in practice; and *the second* so great a stride forward as to revolutionize surgery, for the scarlet life, after operations or injuries, was restrained in the natural courses of the body, and the *ligature* of silk exorcised such infernal hæmostatics as the actual cautery or boiling oil. It was the ligature of Ambroise Paré; and it was he who rejected the old and cumbersome dressings. The latter, especially for wounds, were heavy and complicated. The layers of *pansemens* and bandages were numerous but exactly numbered, and their adjustment required such skill that no pretender to surgery, or no tyro, could master the mazy intricacies of what was called an *apparatus*. And you can well imagine, by contrast with the simplicity practised in our day, the suffering and the dangers of septicæmia and gangrene to which unfortunate patients were liable. The thought struck the renowned Paré, the surgeon and friend of many kings, that beneath the magistral "appareil" lurked a demon of destruction; and it occurred to him also from observation in accidental cases that nature, less embarassed, oftentimes effected a cure with greater rapidity and facility than by the formal method. Filled with the idea of advancing his profession, lessening the pangs of his fellow men, and of lowering the death rate of the wounded by weapons and by the implements of surgery, he determined to test practically the allurements of more humane procedures and simpler armaria. On the eve of a great battle, as Surgeon in Chief of the army of the King of France, he commanded that after the combat a certain number of wounded soldiers, and of those upon whom capital operations were to be done, should be set apart that he personally might inaugurate with them a new system of

*Dr, R. Barnes Alternatives to Craniotomy.

cooling unguents and light and yielding bandaging. Accordingly, after a day of weary strife when victory had perched upon the Royal Banners, and anguish, multilation and death settled upon victors and vanquished alike, Paré, with apprehensive anxiety, applied his new dressings to a small number, and ordered the traditional treatment for the rest of the wounded.

He retired to his tent but sleep forsook his eyes; he essayed to shut out the world but pallid faces looked so imploringly, so beseechingly, that, full of foreboding, he left his couch and wandered forth into the chilly night air. That air is heavy and

"The hum of either army stilly sounds,
That the fixed sentinels almost receive
The secret whispers of each other's watch:
Fire answers fire; and through their paly flames
Each battle sees the other's umbered face:
Steed threatens steed in high and boastful neighs
Piercing the night's dull ear; and from the tents
The armorers, accomplishing the knights,
With heavy hammers closing rivets up
Give dreadful notes."* * . * *

He walked from watch to watch, from tent to tent, fearful of self-reproach and condemnation for the possible evil consequences of his bold innovation, but what was his joy, his delighted astonishment, at beholding the subjects of his humane experiment extended in painless slumber, while the writhing forms and the hot and swollen stumps and members too clearly indicated the victims of ancient art. Rejoicing warmed his noble heart, and Paré the benefactor of his race, fell down upon his knees as from his lips broke forth praise and thanksgiving.

Gentlemen, I pause to remind you that as "we hardly begin to live ere we begin to die," so here to-night we hardly clasp the hand of fellowship before we hear the note of separation. We welcome the new alumni full of work and full of honors; you all listen to my words; presently all will join in the feast and drain the friendly cup; and then will come the parting full of hope and of sadness, of sorrows, apprehensions, and brightest anticipations. This same company will meet no more forever; but wherever we may be, in success or in disappointment, we will yearningly turn towards our beloved Alma Mater even as the Argive in his last hour, "dulcis moriens reminiscitur Argos!"

*King Henry V. Act IV Chorus.

APPENDIX.

Ralph Bouchier, M.D., was born in Yorkshire, and was the fourth son of Sir Barrington Bouchier, knt., of Benningborough, in that county, by his wife Margaret, daughter of Thomas Hardwicke, Esq. He was educated at Trinity College, Cambridge; proceeded M. B., 1711; M.D., 1717; was admitted a candidate of the College of Physicians 30th of March, 1724, and a Fellow 22nd of March, 1724-5. He was Censor in 1727, 1737, 1740, 1748; and delivered the Harveian Oration in 1732. Dr. Bouchier, in December, 1736, married Barbara, daughter of Sir Richard Musgrave, of Ashby, County Westmoreland, and had by her a son, Musgrave, born 29th July, 1742, who died before his father, and Margaret, born 18th of December, 1739, who married Giles Earle. Having no issue and no cousins she bequeathed Benningborough to the Rev. William Henry Dawnay, grandfather of lord viscount Downe. Dr. Bouchier died in August, 1768. Roll of the Royal College of Physicians of London. Vol. ii, Lond, 1878, p. 90.

REPORT OF A CASE OF IMPERFORATE HYMEN WITH SEPTICÆMIA BEFORE AND AFTER TREATMENT FOR ITS RELIEF*.

BY C. O'DONOVAN, JR., M.D., OF BALTO.

In reporting this case from the service of Dr. Wm. T. Howard at the Hospital for the Women of Maryland. I wish to call the attention of the Society to the pulse and temperature range of the patient, rather than to the operation itself for the removal of the imperforate hymen, as it shows that for an indefinite time before, and for a period of more than six weeks after, the girl suffered from the septic influence of chronic blood poisoning, assuming at times a very serious form; and that it was only by very careful nursing combined with the assiduous administration of remedies to meet the recurring elevation of temperature and frequency of pulse, that

*Read before the Baltimore Gynæcological and Obstetrical Society, March 8, 1887.

she eventually emerged from her dangerous situation. This will become more apparent as I read the history of the case.

C. T——, aged 15, white, entered the Hospital for the Women of Maryland on November 19th, 1886. She came from Harford County, Maryland, and had been examined by physicians before leaving home, who had correctly made the diagnosis of imperforate hymen with retained menstrual blood. She was very pale and anæmic in appearance, miserably thin, showing no external evidence of the development usual at puberty. She was extremely nervous and irritable, so much so that no satisfactory examination could be made until chloroform had been administered. Her temperature was not taken before the operation, and her pulse was always frequent, varying between 96 and 120, and changing markedly during any prolonged observation, due most likely to her extreme uervous irritability. She had never seen any external sign of menstruation, but at irregular intervals, of late more frequent and more regular, she had felt severe pains in her abdomen and back, at which time her condition would become much more serious. When she was thoroughly relaxed by chloroform, above the symphysis pubis a tense cystic tumor could be felt reaching probably three inches above the symphysis, and easily identified as the uterus distended by fluid. The external genitals were perfect, but the hymen formed at the mouth of the vagina an absolute barrier to the egress of menstrual blood. The examining finger in the rectum appreciated the presence in the vagina of sufficient fluid to distend it to its fullest capacity, so much so that the uterus was pushed completely out of reach. It was obvious that the only thing to do was to allow exit to the blood. Accordingly, on November 22nd, following the plan of Emmet, Dr. Howard punctured the vaginal cyst, through the obstructing hymen, and let out freely half a pint or more of thick chocolate-colored fluid, after which the vagina was thoroughly washed out with warm carbolized water, until the water returned clear. He then cut out with a pair of curved scissors the remnants of the hymen, so that there could be no impediment to the flow. After the operation it was noticed that the lump formed by the distended uterus was still quite apparent above the symphysis, though it seemed not so high in the abdomen. The finger introduced into the vagina could not definitely make out the cervix, on account of the greatly thickened condition of the vaginal walls, which seemed from the boggy feeling they imparted, to be infiltrated with serum. The treatment after operation consisted only of rest in bed, and a copious vaginal douche morning and night of hot carbolized water. Her pulse continued frequent, about 100–110, but otherwise she progressed satisfactorily until Nov. 26th, four days after the operation, when she complained about midday of slight chill—at 1 P. M., her pulse was 138, temperature 98⅘. She was ordered two and a half grains of quinia sulph. every three hours, and at 8.30 P. M. her pulse was 108, her temperature 100. From this she developed quite an attack of septicæmia, with the following daily range of temperature and pulse:

Nov. 27th, 12.05 P. M., pulse 142, temperature 100. 9 P. M. pulse 144, temperature 100⅘.

28th, 9 P. M., pulse 160, temperature 100⅗.

29th, 7 P. M., pulse 138, temperature 100.

30th, 10.30 A. M., pulse 108, temperature 99⅗. 9 P. M., pulse 132, temperature 102⅖.

Dec. 1st. 2.30 P. M., pulse 162, temperature 102⅗. 9 P. M., pulse 120, temperature 100⅘.

2nd, 11 A. M., pulse 135, temperature 99⅗. 9 P. M., pulse 125, temperature 101⅖.

3rd, 1 P. M., pulse 125, temperature 99.

4th, 11 A. M., pulse 125, temperature 99⅘.

5th, 2 P. M., pulse 125, temperature 100.

6th, 1 P. M., pulse 125, temperature 99½.

7th, 9 P. M., pulse 125, temperature 101.

I read this in full to show the extent of the attack and its subsidence, much more gradual than appears by the table for at the last rate of pulse and temperature she continued about three weeks longer, when she had gathered sufficient strength to be up and about the Hospital. Her treatment during this time was moderate doses of quinine with tr. ferri, repeated every three or four hours, with forced feeding, chiefly milk, and some slight alcoholic stimulation. The vaginal douche was continued throughout convalescence. When her condition was the worst, with a pulse of 162, and temperature of 102⅘, on December 1st, the advisability of making an abdominal incision, and washing out the pelvic cavity, was considered, but postponed; meanwhile her symptoms became more favorable, operation unnecessary. On December 22nd she was thoroughly examined, when the cervix could readily be felt, but the vaginal walls were still so thick and infiltrated, that little could be made out of the condition of the pelvis. Dr. Howard inclined to the opinion that she had also a hæmatocele behind the uterus, that had existed there for an indefinite time, and that her septic symptoms arose from the absorption of material from this mass. This was merely conjectural, as nothing definite could be felt. She was ordered two of Bland's pills after each meal, and gradually improved. On January 7th, 1887, fifteen drops of tr. ferri were substituted. From this on nothing of special moment occurred. By February 9th, she was greatly improved. The cervix could then be felt high up, and soft. The anterior and posterior vaginal walls continued greatly thickened and infiltrated with serum. Strange to say she has never, since the operation, seen any menstrual discharge, nor does she experience those pains, of whose recurrence I spoke in the beginning of this paper.

Professor Hirschberg, of the Berlin University, has accepted the Vice-Presidency of the Ophthalmological Section of the Ninth International Medical Congress, to be held in September at Washington.

EXTERNAL CEPHALIC VERSION. REPORT OF A CASE.*

BY L. E. NEALE, M.D., OF BALTIMORE.

Louisia Walker, white, married, æt. 22 years, the mother of three children. Her first pregnancy offered nothing unusual. Her second pregnancy being complicated by excessive hydramnios, terminated in a miscarriage at fifth month. Twins, still-born. She again entered the Department during the month of February, 1887, being seven months advanced in her third pregnancy. Last menstruation July 20th, 1886. During the first of March I examined her and by palpation found the pregnant uterus of normal size, resistance and proportions, although the woman had considerable dyspnœa while in the horizontal dorsal decubitus for which no other cause was found save pregnancy.

The head of the child could be very plainly felt in the right hypochondriac region, the dorsum towards the left side and the breech floating over the pelvic brim, L.S.I. By external cephalic version, consisting in inverse pressure and manipulations over the two poles of the fœtal ovoid so as to bring the head down, a right occipito-iliac presentation was readily substituted for the previously presenting breech. Neither bandages, pads, rest, nor any other special treatment was enjoyned and as the child remains in the vertex presentation up to the time of this report, over one week after the version, I think it highly probable it will so present at the accouchement. Although breech presentations are perfectly natural Lachapelle tells us that at term one out of every seven children is lost, and Dubois puts it as one in eleven, whilst he gives vertex one in two hundred, the maternal mortality differing very slightly in the two presentations. This, together with the great difficulty of managing certain breech labors, especially where the nates alone present, *frank* breech, was my reason for performing external cephalic version during the early part of the eighth month of natural pregnancy.

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*Read before the Baltimore Gynæcological and Obstetrical Society, March 8, 1887.

Schrœder (Edit., 1880, p. 313) says: "Cephalic version should be performed only to improve a presentation, but never to favor extraction, because the head lying above the superior strait is not suitable for immediate extraction. Here, then, we have the precise limits for cephalic version, viz., it should not be performed under any circumstances requiring immediate delivery.

With a live child only one contra-indication merits consideration and that is prolapse of the funis, for which, when artificial delivery becomes necessary internal podalic version is the preferable operation."

In this brief report I shall not consider the various external appliances for maintaining a corrected malpresentation occurring during gestation (see Neale's translation of Pinard on Abdominal Palpation).

The case in point is another plea for for examining pregnant women before labor.

Society Reports.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

REGULAR MEETING HELD FEB. 3, 1887.

(*Continued from last issue.*)

The President Thomas M. Drysdale, M.D., in the chair.

Dr. Joseph Price exhibited a specimen of

DOUBLE PYO-SALPINX WITH CO-EXISTING OVARIAN CYSTOMA ON BOTH SIDES.

Mrs. H., æt. 30 years. Two children, labors normal, complains of irregular and profuse bleeding, constant pelvic pain, greatest on left side. General health poor. Examination revealed a small fibroid on posterior wall of the uterus; a cyst on the right side extending high up, inflammatory masses laterally. *Operation*: Section. The appendages on both sides were distended by pus and generally adherent, left ovary cystic and suppurating and matted to the pavilion of the tube and the sigmoid flexure. The right ovary was cystic and adherent to the vermiform appendix. The pelvis was filled with an irregular conglomeration of cysts and pus-tubes, intimately adherent to pelvic organs and overlying all this were the bladder and omentum also firmly adherent. The omentum was perforated at two points, and the mass was removed by careful dissection, a glass drainage tube was used, recovery was rapid and perfect, no opium, no catheter, tube out on fourth day, stitches out on seventh day.

Dr. W. H. Parish reported a

PORRO-MULLER OPERATION,

performed by Drs. O. H. Allis and W. H. Parish because of an impacted shoulder presentation. Mary Leparo, æt. 26 years, of small stature but good general health. When about six months pregnant she had been hooked by a cow and narrowly escaped a miscarriage. She reached full term and had been in labor seven days when Dr. Allis was telegraphed for by Dr. Groom of Bristol, Pa., in whose care the patient had been. The membranes ruptured four hours after the pains began, on the sixth day the pains became more severe and the cord prolapsed. About the same time a hand protruded from the vagina. The child died about this time. Version had been tried by Dr. Groom and others without and with anesthesia but could not be effected. The child was evidently of large size, the patient was restless, exhausted and with a pulse of 120 per minute. The pains were constant and the uterus was firmly contracted about the child. The patient's surroundings were unfavorable, the ignorance and poverty of the family rendered proper nursing impracticable. An offensive sanious fluid was escaping from the uterus; the cervix was rigid and but slightly dilated. It seemed impossible to deliver the patient by either cephalic or podalic version, and the conclusion made that evisceration was not advisable because

there was every reason to believe that the uterus had done itself irreparable harm by reason of its prolonged retraction against the eminences of the child. The contusion incident to the retraction and the admission of atmospheric air over a period of seven days, with the character of the discharge rendered it certain that gangrenous changes had been going on in the endometrium and placenta, and that septic inflammatory action of the uterine lymphatics had already begun. The patient was in a condition of exhaustion. Evisceration alone would not have sufficed to secure delivery; it would have been necessary to have bisected the child in the lumbar region and to have removed separately the lower and upper sections. The condition of the uterus and the small size of the pelvis would have rendered this procedure a lengthy and an exceedingly difficult one, and would have added additional serious injury to the uterine tissues. The removal of the child would have left a putrefying endometrium and septic lymphatics. I felt certain the patient would die if thus delivered. All present thought Cæsarean section indicated. The operation was performed by Dr. Allis. The uterus elevated from the abdomen and a rubber tubing was placed about the cervix, securely controlling the hæmorrhage. Escape of fluids from the uterus was guarded against by means of warm antiseptic pads adjusted about and over the abdominal incision. A vertical incision was now made and the child extracted without difficulty. The placenta was not in the line of incision and there was no hæmorrhage. Two transverse pins were carried through the cervix and a constricting wire was substituted for the rubber tubing about the junction of the cervix with the body of the uterus. With the uterine body were removed also both broad ligaments and their contents. The uterine stump was secured externally by means of the transfixion pins, and the wounds closed by carbolized silk sutures. Antiseptic measures were taken throughout the operation, but the spray was not used. Immediately after the operation the pulse was 130 per minute. The patient died in 48 hours, apparently from heart failure.

DISCUSSION.

Dr. R. P. Harris remarked that the Cæsarean operation has been performed in the United States in cases of impaction of the fetus in a transverse position twelve times. In eleven cases the fetus was dead. In the twelfth it was saved, but the operation was believed to have been uncalled for, by a physician who performed laparotomy with success after the woman had ruptured her uterus, in her next labor. The pelvis had been computed to have a conjugate and a transverse diameter of three inches. In one other of the twelve cases the pelvis was deformed and the woman saved. The arm was protruding in seven cases, five of which recovered. In two the shoulder presented; one saved; and in three the presenting part is not named. Of the twelve cases, 9 or 75 per cent. recovered. Of the three cases lost one was 96 hours in labor; three days in charge of a mid-wife. Another was 26 hours under a mid-wife who had given ergot and ruptured the membranes; and the third had been long in labor, but time not stated. Her death was caused by fright and exhaustion, she rose from her bed to defend her mother against her husband who had come home drunk on the third day. He knew of but one case of impaction in Europe in which the Porro operation was performed, but in this the pelvis was deformed. The operation was by Fehling, of Stuttgart, and the woman was saved. Putridity of the fetus may require the removal of the uterus in a case of impaction. One woman was saved with its removal in the United States after seven, and another after ten days of labor, by uterine suturing to prevent escape of fluid; but it is safer to remove the organ where there is danger of poisoning, and particularly where the patient appears to be already threatened with it. In the Porro case of Candido Ramello, of Turin, the woman had been six days in labor, the fetus was putrid, and the mother in great danger of septicemia. The re-

moval of her uterus with its contents was followed by an improvement of her symptoms and she recovered.

Correspondence.

ADULTERATIONS WHICH BEAT "WOODEN NUTMEGS."—PARALLEL VIEWS OF DR. PIPER, OF TOWSONTOWN AND DR. BOUARDEL, OF PARIS, ON TYPHOID FEVER.—DR. PÉCHOLIN'S METHOD OF TREATMENT.—DR. ROBSON ROOSE'S, TREATISE ON GOUT.—MEDICAL REPRESENTATION IN LEGISLATIVE BODIES.—INTELLECTUAL OVERWORK.—THE SOCIAL PERILS OF EDUCATION, ETC.

PARIS, March 10th, 1887.

Editor of the Maryland Med. Jour.,

DEAR SIR:—In a previous letter I had occasion to call attention to the damage done the fish trade of England and France by nefarious Norwegians, and explained that these unscrupulous Scandinavians pickled their fish with boracic acid, which gave them a good appearance for a short time, but spoiled the flavor and the wholesomeness of the herrings. Another instance of systematic adulteration of an article of common use has come to light, which beats the "wooden nutmeg" business of Yankee land, and is of sufficient interest to householders to demand the attention of our officials in the United States.

"Yes, by St. Ann," says the clown in Twelfth Night, "and ginger should be hot i' the mouth." So also, by good rights, should pepper; but for some time past vainly has the pepper castor been shaken at dinner and breakfast tables in England, where food is not, as is too often the case with us, flung upon the tables without any regard whatever to its being wholesome or appetising. The public analysts of England, who are always alive to their duty, have of late obtained and brought under the indignant nose of Justice no fewer than two hundred and seventy samples of pepper which was not pepper, in the sense of being adequately "peppery;" but was adulterated to the extent of twelve to twenty per cent. The magistrates in almost all these cases inflicted fines ranging from $5 to $25. What foreign ingredient had been introduced could not at first be discovered by science, but whatever it was, it closely bore a puzzling resemblance to the real commodity. Science did not find, or allege, that the foreign ingredient visibly damaged the health of those who had swallowed it, and this was consolatory; yet, although the public digestion may seem proof against many such innutricious substances, it cannot but be a serious offence to beguile the public stomach into receiving all sorts of foreign, if not actually deleterious compounds, which in the long run must have a bad effect, and perhaps would account for the beginnings of many a puzzling disease.

The pepper mystery has just been cleared up by Dr. Campbell Brown, the Public Analyst for Lancashire, who has shown that the fraudulent admixture consists of a novel article, pleasantly named "poivrette" or "pepperette," which is supplied to dealers by a firm in Leghorn. The new invention, which is to be mixed with genuine pepper, is purchased at a few cents a pound, whereas the wholesale price for the true article is twenty-five cents per pound, a most tempting margin for profit. The poivrette or pepperette turns out to be none other than the kernals of olives, ground up very finely and flavored with a small admixture of the true pepper, and this abominably deceitful stuff can be produced at the cost of one penny a pound, the stones being merely useless refuse, and the only expense in their preparation being to collect, grind and sift them. Since the revelation of the iniquity by Dr. Brown, the importation of the material appears to have ceased as far as England is concerned, but these immoral Italian manufacturers have found, it is said, a fresh market in America and are now exporting their

trash to New York and Boston in very considerable quantities.

It is a mistake to think that the sin of adulteration is a new one, and has sprung up, as some say, from latter-day competition and free-trade. In the "Voyages and Travels of Sir John Maundeville," who sat out upon his journeys in A. D. 1322, there occurs this among many curious passages: "And you must know that a man ought to take great care in buying balm; since, if he does not know it well, he may be very easily decieved; for they sell a gum called turpentine instead of balm, putting thereto a little balm to give a good odor." If those ancient dealers did not hesitate in the Holy Land itself to adulterate and counterfeit the almost sacred balm of Gilead, one cannot be surprised that their descendants will tamper with the pepper castor. The nature of the offence, however, is the same in all ages, and under all circumstances; and those who are guilty of it, whether on a large or a small scale, deserve to be ranked with robbers and highwaymen. In some of the Eastern countries they have a short and simple way of dealing with such offenders. The fraudulent baker, or grocer, or butcher is nailed by ear to the door post of his shop, or warned against future offences of the kind by a public bastinado. Fines are of little or no effect, since the illicit sales of a day or two easily cover them, and, if the public is to be adequately protected, justice must resort to sterner measures in order to effectually chastise such shameless thieves as those who manufacture and sell sophisticated articles of food and drink.

I have just received and read with great interest the recent report of the Maryland State Board of Health on the drinking water of the towns and villages of the State, made with reference to the incidence of typhoid fever. The report which, it is understood, emanated from the pen of Dr. Jackson Piper, the able President of the Board, is in the line of the work now being performed by the Sanitary Commission for the Department of the Seine, composed of such savants as Pasteur, Brouardel, Durant, Claye, St. Claire Deville, Girerd, Wurtz, Bérand and others, who have made an elaborate report on the existance and causes of typhoid fever in the city and suburban villages of Paris. Supplementary thereto Dr. Brouardel has published in *Les Annales D'Hygiene Publique*, for February, 1887, "An Inquiry Into the Epidemic of Typhoid Fever at Pierrefonds, in August and September, 1886."

The conclusions reached by Dr: Piper and Brouardel are so identical, that if one did not know their respective reports were published simultaneously, three thousand miles apart, it might well be believed there was something more than mere coincidence in the similarity of views.

Below, in parallel columns, will be found the conclusions of each author, as to the production and distribution of Typhoid Fever:

FROM DR. PIPER'S REPORT.

"The disease proceeds from the presence of the typhoid germ communicated to well water by some patient sick of the fever, whose excreta have found their way into the water and germinate therein."

"Conditions which will lead to the spread of the disease are such as the probable influence of a storm of rain in driving impurities out of the ground into our water supplies, or through the instrumentality of ground air passing into our habitations, and its reception by a population in a condition to receive such germs of diseases."

"The only safety is to make a radical change; this would be to close the wells now in use."

"How many on reading this report will say: 'I told you so!' 'It is not my well!' 'I always knew there was something wrong about Jones' well!' or, 'My father and grand-father and great-grand-father drank *this* water and breathed *this* air, and they are living yet!' Our fathers, no doubt, drank bad water and escaped, but there are factors of disease existing now which they knew not of. With them it was a visitation of Providence, with us it is a visitation of filth, with its accompanying myriads of zymotic germs."

FROM DR. BROUARDEL'S REPORT.

"It is quite possible for the water of wells to be contaminated by the infiltration of dejections through the soil. The germs of typhoid fever patients, projected with fæcal discharges, have been found to multiply rapidly in both soil and water, and become a source of fatal epidemics."

"We do not say that water is the only source of propagating typhoid fever: Direct contact; food which contains the specific micro-organisms; the air in a certain condition of humidity,—all these may be concerned in communicating the malady; but water is unquestionably the most active, the most powerful, and above all, by the rapidity with which it disseminates the morbific germs, the most dangerous source of the disease."

"To arrest an epidemic of typhoid fever, it will suffice to close the wells of drinking water which have been poisoned by infiltrations of fæcal matter."

"We constantly hear such objections as these: 'It cannot be the water, for I and my family have drank and continue to drink the water, and *we* have not contracted the disease.' An analysis of the facts, however, is a sufficient reply to these objections. The reception of the morbific influence is personal to each one, depending upon age, the conditions of previous or actual health, etc. The dose, so to speak, of the virus introduced or inoculated has also an influence on the morbid manifestations which result from its absorption. Again, some of the mobid germs live in water a certain time, then disappear, and their activity and virulence will vary with the age of the colony. There are various other circumstances, moreover, which will afford immunity more or less complete and prolonged."

Apropos of typhoid fever. Dr. Pécholier has recently communicated to the Academy of Medicine of Paris the results of a treatment which he has used successfully in sixty-five cases of typhoid fever. The treatment, which consists in the administration of quinine and baths of tepid water, or water with the chill taken off, has not only the advantage, says Dr. Pécholier, of being certain as a curative measure, but it also aborts a threatened attack of the disease. A committee of the Academy appointed to investigate the above treatment, after rapidly tracing the history of the different therapeutic proceedings which have been used from time to time in the treatment of typhoid fever, say that no uniform plan of treatment can be adopted in this disease; but that the treatment must vary with circumstances, such as the local origin of the poison, lung complications, hæmorrhages from the bowels, excess of temperature, etc.

Dr. Robson Roose, of London, to whom I have already referred in a previous letter, is a special authority on one of the most perplexing and capricious of human maladies, so wayward in its onset and course, so varied in its forms and manifestations, that it may appear at first sight to be the subject of no intelligible law. His work on "Gout and its Relations to Diseases of the Liver and Kidneys," is a treatise which is so conveniently planned as to focus the opinions of other writers on the subject, and at the same time to lay clearly before the reader a method of treatment which the author himself pursues and recommends. Without controverting that theory of heredity which has found such general acceptance, and which has been, indeed, fairly substantiated by the known transmission of gout in families, from generation to generation, Dr. Roose declares his conviction that functional disorder of the liver underlies the majority of gouty cases, and that the kidneys are only secondarily implicated. "If," he says, "this view be correct, it would seem to follow that the object of treatment should be not merely to neutralization of the *materies morbi* by means of alkalies, but, in an especial manner, the resoration of the hepatic function." That the gouty diathesis may be modified or moved is instanced by the case of the late Dr. Gregory, who was descended from a gouty family, and had several severe attacks of acute gout before he was thirty. By a determined course of active exercise, a strictly moderated diet, avoiding all excesses during a period of twenty years, he so completely overcame the disease that all symptoms of it disappeared from the latter part of his life. The moral drawn from this case is that there is no disease in which the patient can do so much for himself, or in which the prescriptions of the physician are of so little avail, without the full co-operation of the patient, as gout.

It is gratifying to note that the question of representation of the medical profession in legislative bodies is now attracting attention, and steps are being taken in England, at least, with a view to the public advancement of medicine in this direction. The *Lancet* calls attention to the fact that the Church is directly represented in the upper house

of Parliament, while enthusiastic laymen watch over its relations with the State in the Lower House. Law has its official and personal recognition in both chambers, and its concerns are keenly cared for. The Army and Navy have official representatives and members returned to the House of Commons, where they act act as spokesman, in and out of season, for their order and its interests. Medicine alone has no place in Parliament, is (as with us) officially unknown to the Legislature, and is systematically neglected. It cannot be denied that the claim of the medical profession to representation in the legislative halls is a strong one, both on account of its direct services, its collateral contributions to the public good, and the influence such knowledge as medical men alone possess, must exert upon the principal departments of socio-political legislation. There are more than 500 physicians in the city of Baltimore, and if they should unite to this end, they would certainly be able to urge a fair suit to State recognition, and it is not unpatriotic to express an earnest hope that at the election next Fall the full scope of the opportunity may not be disregarded. There are considerations involved which must altogether cast party interests into the shade; viz., the obligation to assert for science a right to an active share in the work of legislation. True, we have occasionally had "Doctors" from the city, in the Legislature, eminently respectable gentlemen, but the possessors of a golden faculty of silence, or that sort of self-conciousness which impels to reserve when professional interests are concerned.

Among the subjects that will have to be dealt with by our Legislature in the next few years are the managements of prisons almshouses, the treatment of the insane, vivisections, the regulation of human dissections, the restriction of the pollution of water courses, the sanitation of towns, etc., etc. On all these subjects the opinions of medical men would be of great importance. Again, there is need of a higher standard of medical enducation, in order to protect the public against professional charlatans and mountebanks, and if there were a few more medical men of standing in the Legislature, they might be able to put the profession on a better footing and in a different light from that in which it now appears. It is not a silent member we want, or a mere talker, but one who would be able to assume and sustain the part of an able and eloquent expositor Such a man should be found and returned in the interests of a science, sadly lacking in practical demonstrativeness, and a profession unaccountably neglected.

At the session of the Academy of Sciences of Paris, held on the 1st inst., the question of intellectual over-work gave rise to an interesting discussion. M. Gustave Lagneau opened the debate. He thought the question one of transcendent importance since it touched both the physical and moral well being of the people. Out of 1000 young men conscripted, 460 were found unfit for military service; and of 1000 who had taken a bachelors degree 575 were unfit for service. This was the effect of intellectual over-work and sedentary habits during ten years of school life. The evil was found to be still greater among those who are educated in certain special schools, where the work required is excessive, as in the Polytechnic School, the Normal Schools, the Central School and the Naval School.

The observations of M.M. Earnest Martin, Béard, Charcot and Henrot on the same subject show that a large number of young men in these schools are subject to myopia, dyspepsia, phthisis, nervous exhaustion, etc. The evil has become so formidable, that many of the Deputies (members of the National Legislature) have insisted that some authoritative action be taken to reform the school regime; and in exacting preparatory military instruction, for young men, Gen. Boulanger, the popular French Minister of War, demands that the hours for study, and above all, the number of studies shall be restricted, and that more attention shall be given to physical education.

At the same séance of the Academy, Dr. Dujardin-Beaumetz, physician to a

large female Normal School, referred to the disastrous effects of so many studies on the health of the pupils. He deplored the infatuation in certain classes of society for studies, not only murderous, but which have, moreover, the disadvantage of rendering many girls dissatisfied with their position in life. There are, he said, at this time more than 12,000 girls in Paris with diplomas who seek positions as teachers, and this number is increased every year by upwards of 4000, while not more than 100 can annually be provided with places. The education they have received makes them unwilling to fill the humbler positions which correspond to their birth and condition in life, and not infrequently, becoming discouraged and miserable, they fall into vicious and immoral habits, and thus it is that education instead of proving a blessing becomes a social peril.

The alteration of blood in contact with air was also discussed. M. Pasteur maintained that in pure air, deprived of germs, blood would be preserved without undergoing any putrefactive changes. He said: "*Corps des animaux est fermé, dans les cas ordinaires, á l'introduction des germes des êntres inférieurs.*"

The position of Pasteur was combatted by M. Béchamp, who stated that he had made experiments on the blood of a dog, and found that carbonic acid was evolved, crystal formed, and there was destruction of the globules. He demanded of M. Pasteur an explanation of these modifications.

C. W. Chancellor, M.D.

Waking Numbness.—Dr. Andrew H. Smith in the April number of *The American Journal of Med. Sciences*, describes under this title, a heretofore undescribed neurosis, and reports four cases—from a study of which it appears that the numbness is something added to the normal condition. It is a purely subjective condition. There is no paralysis of motion or sensation, the tactile sense is unimpaired, there is no change in the temperature of the affected part, the surface is not blanched or mottled, there is no tenderness on pressure. These characteristics separate this condition widely from those known under the names of night-palsy, local asphyxia, digiti mortui, Raynaud's disease, erythromelalgia, and from the various paræsthesias and acroneuroses heretofore described.

Doubtless the conditions upon which the numbness depends are present during sleep, but the sensation is not sufficiently strong to arouse the sleeper, and he first becomes conscious of it when awakened by some other cause. The cause of this condition is probably central, since the effect is usually symmetrical. It would seem to be connected with the lowering of the circulation which takes place during sleep, and to disappear when the circulation returns to the waking condition, whether the return be spontaneous, or the result of rubbing, etc. As to the latter, it is doubtful whether it has any other effect than that upon the general circulation which the muscular exertion would necessarily produce.

As for treatment, in the only case in which the condition existed by itself, and independently of more serious conditions, ergot, digitalis, strychnia, and aconite, were tried at different times, but without result. The inconvenience produced by the affection was so slight, that no treatment was carried out efficiently, so that even these negative results were of no value. In each of the other cases there was a diseased condition present, to which the numbness was subordinate, and which afforded the indications for treatment. In proportion as the treatment of the underlying condition was successful the numbness disappeared. If it be true that the cause is central, no local treatment is likely to be of service.

Instantaneous Remedy for Lumbago.—Collodion, tincture of iodine, liquid ammonia, equal parts. To be applied widely over the parts with a camel's-hair brush. This applies to accidental or *a frigore* lumbago or to rheumatic pain produced by a strain or muscular exertion.

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BALTIMORE, APRIL 9, 1887.

Editorial.

THE VALUE OF GASEOUS ENEMATA IN THE TREATMENT OF PULMONARY DISEASES.—With exception of the "cocaine craze" which was heralded over the world by the medical and secular press near two years ago, no recent method of treatment has aroused such interest in professional circles as the one introduced by M. Bergeon, of Lyons, which possesses the rare novelty of being applied to the outlet of the digestive apparatus, thus reversing the usual order of inhalation and internal administration. In our issue of February 19th, attention was directed to M. Bergeon's method of treatment by gaseous enemata, and its trial was advocated on the general principle that it was new, in the line of progress and therefore entitled to a careful investigation. At the time this article was written we had little thought that M. Bergeon's views would enlist such early and earnest investigation or arouse such serious attention.

As a method of treatment which was commended to professional notice rather by its singular novelty than through any sincere belief in its ultimate good, it has so far brought forth results which seem to dispel much of the scepticism which it at first aroused. Whilst it must be considered too soon as yet to claim a curative value for the method, enough has already has been done by M. Bergeon and Dr. J. Henry Bennet of Europe, and by Drs. J. Solis-Cohen and E. T. Bruen, of Philadelphia, to demonstrate that the method is fairly entitled to a more extended trial and faithful investigation than it has as yet received. M. Bergeon has asserted that not only are pulmonary lesions cured by these enemata, but that pharyngeal and laryngeal tuberculous ulcerations undergo a cure likewise simply by contact of the gas in its elimination from the lungs.

The fact has been well understood that the disastrous results of pulmonary tuberculosis are due to septicæmia set up by absorption of the noxious products of suppuration in ulcerous lesions in contact with air. Attempts have been made to bathe these suppurating surfaces with antiseptic agents administered by inhalation. Such attempts have been unsuccessful. If, however, the result can be accomplished by the administration of gaseous enemata, as is claimed by Bergeon and others, the method becomes not only logical, but extremely rational. The therapeutic results as far as published show a marked amelioration of the suppurative phenomena, whilst a reduction of temperature, diminution of cough, expectoration, dyspnœa and night sweats have been observed to follow. M. Bergeon reports some of his cases cured, whilst Drs. Solis-Cohen and Bruen have noted most marked diminution of symptoms and improvement in the local condition and general health of the cases in which they have employed the enemata. We present the following summary of conclusions taken from Dr. Bruen's paper published in the *Medical News* (April 2, 1887), which leaves but little doubt of the fact that the method under consideration has passed beyond the stage of novelty and is entitled to further experimental study.

"1. In nearly all cases lasting effects have been secured in the reduction of temperature, suspension of night-sweats, lessened cough, and expectoration, and in some, all physical signs of bronchial catarrh abolished.

2. Temporarily reduction of pulse-rate fifteen to twenty beats, and temperature one-half a degree to one degree during the administration of the gas,

3. The amount of gas introduced into the bowel has varied from three quarts to a gallon at each injection. It has been introduced very slowly, from fifteen minutes to a half an hour being demanded by the operation. The administration has been practiced in most cases twice in the twenty-four hours. No injurious effects from the gas have as yet been observed.

4. Administration of the gas in different amounts and varying degrees of concentration is now being practised, and also investigations into the characteristics of the sputa.

5. In only one of the cases of phthisis the effects of the gas have been entirely negative.

6. In cases of phthisis complicated by intestinal lesions, experience is still insufficient to make it possible to state positive results.

7. The ultimate value of the treatment can certainly only be established by time. The probable mode of action would seem to be antiseptic, and by reducing suppuration the relief of the attending serious symptoms, the patient is permitted to gain by food, exercise, and general treatment. Thus far, the value of the gas seems to be that of a useful therapeutic measure, rather than a curative plan of treatment.

8. The method of preparing the gas for use in the hospital is as follows: The carbonic acid gas is passed through a solution of chloride of sodium and sulphide of sodium in twenty-two ounces of water. The proportion of the salts has been increased in some cases, and some trials of other combinations are being made.

Reviews, Books and Pamphlets

Nervous Diseases and their Diagnosis. By H. C. Wood, M.D., LL.D. Philadelphia: J. B. Lippincott & Co.

All who know Dr. Wood, both those who remember him as an enthusiastic, entertaining, instructive and sympathetic teacher and those who have become acquainted with him through his many and valuable contributions to medical literature will take up this new book with delight. And yet we have a word of warning; to the superficial reader the book will seem badly arranged and uninteresting. The method is not the one ordinarily followed, and it is not until the volume has been carefully read and perhaps re-read that its true excellence begins to dawn upon the reader. Instead of taking up each separate disease by name and discussing it, Dr. Wood has given us a comprehensive view of the whole subject. He reasons from the effect back to the cause that must necessarily have produced it, the case is presented clinically, and the reader finds himself making the diagnosis, or as it were nursing the picture that is so clearly presented.

The book may be divided into alterations of motion and sensation, disturbances of the special senses and disorders of consciousness and intellection, with short chapters on equilibration, reflexes and trophic lesions. By far the greater part of the volume is devoted to the two first divisions, as they comprise such a large proportion of nervous diseases. One cannot fail to be impressed on reading the chapter on paralysis, with the fact that this complex subject is here put in the most concise and forcible manner possible. As noted before it does not constitute what the general reader will call an interesting chapter, but it is one which will bear the closest study and will amply repay each perusal. We would call attention in passing to the admirable article on chorea. When the author come to discuss the disorders of consciousness and intellection he allows himself a little more liberty in diction, now making a fine, clear cut definition, now describing some mental condition in sentences so oratorical that the old University student far removed both as to time and place from the lecture room can scarcely refrain from applause. It is to be regretted that the gifted author has confined himself solely to etiology and diagnosis and we confidently hope that in the succeeding editions he will gradually round out the present volume to a complete treatise on nervous diseases.

On Fevers; Their History, Etiology, Diagnosis, Prognosis and Treatment. By Alexander Collie, M.D., (Aberd.) member of the Royal College of Physicians of London, etc. Philadelphia: P. Blakiston, Son & Co. For sale by Cushing and Bailey, Baltimore.

The book before us is in many respects a very valuable one, and one which every general practitioner should read. The studies, for they are this rather than exhaustive monographs, of the different fevers, are drawn from an unusually rich experience, which the author has had in hospital practice. He has taken somewhat of a birds, eye view, and has given the salient points observed in a very large number of cases, rather than peculiar symptoms or unusual phenomena. The evidence adduced to prove the contaginousness of typhoid fever is very strong, in fact so far as it goes conclusive.

The chapters deserving of special mention are the ones on typhoid, variola and vaccinia. The second on diphtheria is somewhat confused, and not by any means up to the level of the other. The author apparently has very little confidence in treatment in any of the specific fevers and confines himself merely to the general management of the case. The brief list of formulæ at the end of the book contains nothing new.

Miscellany.

The Direct Action of Atropine, Homatropine, Hyoscine, Hyoscyamine, and Daturine on the Heart of the Dog, Terrapin, and Frog.—Dr. H. G. Beyer, from an experimental study of the action of these drugs, which appears in the April number of *The American Journal of the Medical Sciences*, reaches the following conclusions:

1. Atropine, homatropine, hyoscine, hyoscyamine, and daturine are stimulants of the sympathic nerve apparatus of the heart.

2. The vasomotor portion of this nerve apparatus is affected by comparatively small doses of these drugs, giving rise to either acceleration or augmentation in the heart's action.

3. The inhibitory portion is excited by large doses only, giving rise to slowing of the heart's action, and, finally, causing diastolic arrest.

4. The muscular substance of the heart is greatly excited by atropine, homatropine, and daturine, and only slightly so by hyoscine and hyoscyamine.

5. The vasomotor nerves and their ganglia are the first to become exhausted, the inhibitory nerves and their ganglia are the next, and the muscular substance is exhaused last of all.

6. The slowing of the heart's action which follows the administration of these drugs in the intact animal, may be sufficiently accounted for by their influence on the inhibitory nerves and ganglia of the heart itself.

7. The acceleration following the administration of certain doses of these drugs cannot be sufficiently accounted for by their action on the accelerator nerves and ganglia within the heart, but is principally due to causes resident outside this organ.

Autopsy of Professor Schroeder.—The autopsy of Schroeder, the details of which were announced by Virchow to the Berlin Medical Society, showed that the eminent gynæcologist died of abscess of the cerebrum. This abscess was encysted; was situated at the posterior part of the fornix; impinged on the white substance of the occipital lobe, and extended into the right lateral ventricle, which cavity was also the seat of a fibrino-purulent inflammation. Schroeder had been suffering from a violent opthalmia, from infection by a suppurating wound, but the cause of the cerebral abscess is not apparent.

Professor Schroeder was born September 11, 1838. He was Professor at Erlangen since 1868; his "Treatise on Obstetrics," which went through four editions in as many years, first appeared in 1870. He is best known in this country by this work, and his "Manual of Diseases of the Female Sexual Organs," which forms Volume X of "Ziemssen's Cyclopædia."—*Boston Med. and Surg. Journal.*

Antiseptic Collodion.—The *Journal de Médecine* of December 26, contains an account of a new kind of "collodion," which is antiseptic and promotes cicatrisation. It does not cause inflammation, and may be substituted for collodion made from gun-cotton, in the treatment of wounds and bruises. Like traumaticine, it is efficacious in relieving neuralgic pains, and acute or chronic rheumatism. The affected parts should be sponged with it every twenty-four hours, in serious cases every six hours. If strips of linen or silk be soaked in this collodion, an excellent sticking plaster is obtained, which quite equals English court-plaster. The following is the formula: Mastic in globules, 3 grammes; Balsam of Peru, 1 gramme; narcotine, 1 gramme. Each ingredient should be ground separately, and 5 grammes of chloroform added thereto.—*Brit. Med. Jour.*, March 5, 1887.

The Action of Sulphuric Ether on the Peripheral Nervous System.—Dr. H. P. Bowditch, in the April number of *The American Journal of the Medical Sciences*, summarizes as follows the principal results of a series of researches upon this subject which were carried on under his direction in the Physiological Laboratory of Harvard University:

1. The ordinary effect of electrical stimulation of the recurrent laryngeal nerves of dogs is to cause constriction of the glottis, but if the animal is thoroughly etherized dilatation may be produced.

2. If the animal is partially etherized the effect of the stimulation will vary with the strength of the current, a weak irritation causing dilatation, and a stronger irritation causing constriction of the glottis.

3. The more complete the etherization the greater is the intensity of the current necessary to produce constriction.

4. A similar "ether effect" may be observed when the sciatic nerve of the frog is stimulated, the ordinary extension of the leg and abduction of the toes giving place, under the influence of this drug, to flexion and adduction. It is, however, always possible to produce the ordinary effects by increasing the intensity of the stimulation; and, on the other hand, it is impossible, by using very feeble stimuli, to produce without etherization the same effects which occur on the application of stronger stimuli to animals under the influence of the drug.

5. This "ether effect" on frogs may be observed, both when the ether solution is introduced by cutaneous absorption, and when it is applied locally to the nerve below the point of stimulation. Hence the most reasonable explanation of the phenomenon is that the drug, by diminishing the conducting power of the nerve, causes a strong irritation applied to the nerve to become a weak irritation when it reaches the muscles.

6. This explanation cannot be applied to the phenomenon as exhibited by the recurrent laryngeal nerve of the dog, for without ether feeble irritations do not produce dilatation, and, with complete etherization, strong stimuli do not produce constriction of the glottis.

Cocaine and its Employment in Ophthalmic Surgery.—Mr. Adams Frost, in an article upon this subject in *The American Journal of the Medical Sciences* for April, holds that the introduction of cocaine will have an effect upon ophthalmic surgery analogous to that which the introduction of general anæsthesia had upon general surgery, leading, as did the latter, to the substitution of frequent minor operations having a conservative tendency for the rarer and more radical ones. Already the signs of the coming change are visible. Paracentesis of the anterior chamber in iritis, the scraping away of old corneal opacities, the treatment of some forms of ulceration by the actual and potential cautery, and the cutting short of acute conjunctivitis by the application of strong astringents, are none of the new proceedings, but they were all of them sufficiently formidable to render their adoption exceptional, whereas they can now be employed in the ordinary routine of practice.

In his article Mr. Frost discusses systematically the physiological effect of cocaine when applied to the eye, its em-

ployment in ophthalmic surgery, and some occasional injurious effects. He recommends the use of freshly prepared aqueous solutions, and urges that little is gained by using strong solutions, and that as great an effect can be procured with a four per cent. or even a two per cent. solution, as with a ten per cent., although more time is requisite to obtain the maximum effect.

Treatment of Diphtheria.—Dr. F. B. Drescher informs us that he has made use of the following treatment in diphtheria with marked success: ℞. Hydrargyri bichloridi, gr. ½; spts. frumenti, ʒi; syr. simplicis, ʒi. M. Sig. Teaspoonful every three hours, night and day.

℞. Liq. ferri subsulphatis, ʒii; glycerine, ʒii. M. Sig. Brush throat once or twice a day.

℞. Tr. ferri chloride, ʒij; potassii chloratis, ʒi; glycerinæ, ʒiss; aquæ cinnamoni q. s. ad. ʒiij. M. Sig. Teaspoonful in teaspoonful of water every three hours, night and day.—*Med. Digest.*

Hydronaphthol.—The latest antiseptic and disinfectant obtained from the phenol series of coal tar products is forging its way to the front in popular estimation. Surgeons and gynæcologists, both in hospital and private practice, accord to it high merit for all the purposes of an antiseptic and disinfectant. Its freedom from odor, poisonous properties or corrosiveness, gives it preference over carbolic acid and many other antiseptics heretofore employed. A book fully describing hydronaphthol will be mailed free to physicians sending their address to Seabury & Johnson, Manufacturing Chemists, 21 Platt St., New York.

The Action of Cucaine on the Sympathetic.—Dr. Dürdüfi, of Moscow, draws (*Vratch*, No. 7, 1887, p. 175) the following conclusions from experiments which he has lately made. 1. When introduced into the circulation, cucaine gives rise to prominence of the eyeballs and dilatation of the pupils, phenomena dependent on stimulation of the sympathetic centres situated in the spinal cord. 2. Constriction of the vessels and quickening of the heart's action are also produced, probably through stimulation of the vaso-motor centres, as well as of the accelerating cardiac centres.—*Brit. Med. Journal.*

Studies for Medical Students.—The Berlin Medical Faculty recommend for medical students the study of meteorology, mineralogy, anthropology, psychology, and logic. This is a very poor selection, for American medical students at least. Anthropology, psychology, and logic are well enough; but for the rest, *belles lettres* and the humanities are better far than the 'ologies, since they teach human nature and the art of expression, things much needed in the very humane work of dealing with the sick.—*Med. Rec.*

Treatment of Dysentery in Children.—Simon gives the following prescriptions for this affection:

℞.—Sod. bicabon.	gr. viij.
Magnesiæ.	gr. xxx.
Colombo.	gr. v.
Nucis. vom. pulv.	gr. jss.
Pulv. aromatic.	gr. xv.

M.—Div. in chart. xx. in num.

Sig.—One powder before the two principal meals, in water or mixed with non-leavened bread.

If this is badly taken, the following may be substituted:

℞—Tinct. quinquiniæ	ʒiv.
Tinct. rhei.	♏ xxx.
Tinct. colombo	♏ xxx.
Tinct. nucis vomicæ	♏ viij.

of which doses of five or ten drops should be given before before each meal, either in cold water or water charged with wine of quiniæ.

The diet should be reduced to pulp; eggs, meat pulp, beans carefully boiled and thoroughly mashed; starches in the form of purée of potatoes.—*Les Nouveaux Remédes*, March 8, 1887.—*Med. News.*

Medical Items.

Dr. W. W. White, of this city, has been elected physician to the Baltimore City Jail.

Dr. Garrett Altvater, a well-known physician of Baltimore County, died at Upper Falls, on April 2nd, at the age of 77 years. He graduated from the University of Maryland in 1832.

Dr. Arthur Farre, honorary President of the Obstetrical Society of London and physician extraordinary to the Queen, and physician-accoucheur to the Princess of Wales is dead.

In the *Novorossiïsky Telegraf* of January 13, 1887, M. Karüzo, a South Russian landowner, asserts that castrated dogs never contract rabies. The statement is based on observations made by himself and other persons with like opportunities.

Sir B. Walter Foster, President of the council of the British Medical Association, has recently been elected to the House of Commons for the western division of Derbyshire. Dr. Foster has rendered conspicuous services to his profession in England as a member of a previous Parliament and his re-election is a matter for congratulation.

Professor Dobroslavine, of St. Petersburg, recommends, as a means of purifying (clerifying?) drinking-water, the addition to each twelve liters of water of fifty centigrammes of perchloride of iron and seventy centigrammes of crystallized carbonate of soda. He claims that the precipitate thus formed carries with it all suspended impurities, leaving the water, after forty-five minutes, perfectly clear.—*Boston Med. and Surg. Jour.*

The announcement comes from Philadelphia that there is no truth in the report that Dr. H. C. Wood, of that city, intends to accept the chair of Practice of Medicine in the Johns Hopkins University. As far as we can learn from sources connected with the Hopkins University here there is no ground for the statement that Dr. Woods has been offered a chair in this school. There seems to be an unusual degree of mystery surrounding the matter, the reason for which we fail to understand.

Dr. Charles F. Percival, a highly respected physician, well-known to many of the readers of this JOURNAL, died suddenly on April 2nd, at the age of 70 years. Dr. Percival was born in England, but came to this country when 14 years of age. He adopted the theatrical profession and filled a number of engagements in this city at the old Front Street Theatre, and at Holiday Street Theatre. In 1844 he began to teach music in Frederick, Md., and about the same time began the study of medicine. After graduating in medicine from the University of Pennsylvania, he located in Alabama, and practised his profession until 1869, about which time he finally located in this city and was appointed music teacher in public schools, a position which he held up to the time of his death. Dr. Percival retained up to the time of his death a warm interest in the profession of medicine. He was a member of several medical societies and an almost constant and interested attendant as well as participant in discussions. He was a genial cherry gentleman both beloved and respected by all who knew him well.

During the recent commencement of the medical department of Tulane University, at New Orleans, Hon. Jefferson Davis occupied a seat on the stage. While the bouquets were being distributed among the graduates a pretty compliment, says the *New Orleans Picayune*, was paid to Mr. Davis, "when Dr. Forsythe, the valedictorian, and Dr. Charbonnet, the Charity Hospital medalist, approached the venerable gentleman, each bearing a basket of flowers, which they presented to him. In so doing Dr. Forsythe made a few remarks, to which Mr. Davis replied:

"'I thank you from my heart for the kind courtesy extended to me on this occasion. May your paths in life be as flowery as these baskets, and may you illustrate in your careers the high principles that belong to your profession. Standing next to the ministry, you have not only the care of the body, but you are the repositories of family confidences. To you are intrusted secrets that none others know. You stand by the bedside of the dying and hear their last utterances. I trust that science, benevolence and morality will go hand in hand in you profession.'"

The sixty-second annual commencement of Jefferson College was held at the Academy of Music, Philadelphia, April, 5. The degree of M.D., was conferred upon one hundred and eighty-seven graduates. The prize for the best thesis went to Thomas Harry Huzza, of Georgia, William Gregory Ashby, of Virginia, received honorable mention by his essay on a subject pertaining to the practice of medicine, and Richard Lee Linthicum, of Maryland, won the gold medal for the best anatomical preparation. A prize for the best original research in the materia medica laboratory was awarded to Cleon C. Owings, of Kentucky. Among the graduates were Wm. Gregory Ashby, Edmund Henry Lewis and Samuel Pleasant Preston, of Virginia; Richard Lee Linthicum, P. Ellwood Stigers and Jos. Adams Vannort, of Maryland; Robert Black Hopkins, Jas. Packard Mann, John Henry Manz, and William B. Jones, of Delaware, and Wm. Blair Shuttleworth, of West Virginia.

The annual oration before the Alumni Association of Jefferson Medical College was delivered by Dr. Hunter McGuire of Richmond, Va. The subject of Dr. McGuire's, address was "The Progress and Development of Medical Science." Later in the evening Dr. McGuire was tendered a reception at the Hotel Bellevue, where an elaborate supper was laid in the banqueting room.

Original Articles.

PLACENTA PRÆVIA, ITS DANGERS AND TREATMENT, WITH CASES.

BY GEORGE JOHNSON, M.D., FREDERICK, MD.

Placenta prævia has ever filled the darkest page in obstetric literature, 180 deaths of mothers out of 654 reported cases, (an average mortality of 1 in every $3\frac{6}{10}$) represent the death rate up to the last half century, while the fatality to the children was far greater. Although modern management shows more favorable results, it is still true that placenta prævia is the most dangerous complication with which accoucheurs have to deal. While, however, all are agreed on this point, its management is still an open question and conflicting views are still held as to the essential nature and conditions of the attending dangers, and even as to the true cause and source of the hemorrhage which constitutes its unavoidable and most frightful phenomenon. In the course of an active practice of a third of a century, I have had an experience of nine cases of placenta prævia which I now report. In doing so I beg that I may not be accused of presumption, if, in giving expression to decided views derived from their study I should differ from others of larger experience. From cases of such momentous interest it was impossible not to form decided impressions and besides, mere statistics, even when accurate, depend for significance so largely upon grouping and a clear apprehension of the modifying influences of individuality and surrounding circumstances that they are liable to be as often used in proof of error as of truth. I do not propose therefore to count and compare the reported cases of others, still less to criticize the various methods of their management, with which doubtless all are familiar, but to plainly state the principles by which I was guided in the treatment of cases in my own experience, the fortunate issue of which has apparently justified my confidence. Without claiming originality in conception of these principles and the treatment based upon them, my earnest desire is to emphasize the points of chief importance, and upon which indeed, I believe the question of life and death depended. I believe 1st, That the seat and source of hemorrhage in these cases was *not* the placenta, but that the flow came from the *sinuses* of the *cervix uteri* to which the placenta had been abnormally opposed. Of this I am as sure as I can be of any physical fact within my observation and my conviction is based upon thorough investigation of these cases while in progress.

2nd, That the occasion of the hemorrhage was the normal expansion of the cervix uteri in the later months of gestation, thus producing, partial detachment at that point.

3rd, That the essential cause of the persistent recurrence of the hemorrhage was not the mere detachment of the placenta but the subsequent alternate dilatation and contraction of the cervical sinuses by nature in her attempt at labor, the rhythmical efforts of the uterus preventing persistent contraction of their mouths and permanent closure by clot formation, as occurs after normal delivery. These efforts of the uterus were thwarted in their object viz.: normal dilatation of the os by the remaining partial adhesion of the placenta to the cervix, and thus a chain of morbid actions was established only to be broken by spontaneous or artificial *total* detachment from the area of dilatation.

4th, Hemorrhage is not the only danger to be apprehended. After bleeding has ceased many mothers have fallen victims to nervous shock and exhaustion, following and probably induced by too active interference with the object of speedily terminating the labor. Puerperal septicæmia with embolism or other less fatal horror seems also to be peculiarly prone to occur.

Evidently the occasion of hemorrhage cannot be avoided, for the expansion of the cervix *will* occur and sooner or later labor must proceed. What then can be done for the safety of the patient to prevent its persistence? Simpson, of Edinburg in 1842 seems to have been

the first to note the fact that in the rare cases in which the placenta was entirely separated by uterine effort, the hemorrhage ceased and did not recur during subsequent labor. Taking the hint from nature he advised and practiced total detachment artificially. And although his theory of placental source of hemorrhage dependent upon partial attachment I believe was erroneous, the fact remained that the flooding did cease after this procedure, which permitted the mouth of the uterine sinuses to contract and to become sealed with clot. Unfortunately the fate of the fœtus was by it sealed as well and the moral question arose as to its justification. This consideration prevented many accoucheurs from adopting the plan and caused all to hesitate. But when in 1855, Barnes, of Dublin, proclaimed his brilliant conception recognising the "hemorrhagic zone," or that portion of the cervix which was undergoing expansion as extending only an inch or two within the os uteri, and when by detaching the placenta from this the hemorrhage was permanently arrested, leaving sufficient utero-placental circulation in action to preserve the life of the fœtus, the moral objection no longer applied. The cases I now report were managed upon these principles in so far as arrest of hemorrhage was concerned, the treatment being assisted by such other measures as were suggested by watchful study of each individual case. With Dr. Barnes' rubber dilator I have had no experience. The detachment of the placenta from the hemorrhagic zone was accomplished in every case with the finger. None of the cases were primipara and none presented any special difficulty in dilatation of os uteri after detachment from the cervical zone was made. The hemorrhage having been arrested I could afford to wait and did wait for natural dilatation, being persuaded, and, as the event proved, correctly, that in the mean time the vital powers of my patients were rallying, thereby diminishing danger from shock. In primiparæ with excessive rigidity of the os uteri great value is claimed for the dilator especially as modified by Dr. Malcolm McLean, of N. Y., but in any cases in which the os easily permits the detachment to be accomplished with the finger I should prefer using this as being more certain in effect and more appreciative of the condition of the parts. Two of the cases reported occurred in the practice of other gentlemen in consultation with whom I was called, the others all occurred among my own clientelle.

Case I.—Mrs. H., about 45 years of age. Sudden and profuse hemorrhage occurred in the latter part of her ninth pregnancy, inducing syncope in a short time. This temporarily arrested the flooding. Implantation of the placenta, apparently central could be distinctly felt. Stimulants were freely given and lumps of ice passed up the vagina in direct contact with os uteri. Pillows were removed from beneath the patient's head, which was kept permanently lower than her body by raising the foot posts of the bedstead on props. As syncope passed off uterine pains set in and flooding recurred with them. Detachment of placenta from hemorrhagic zone was now made, flooding was arrested and labor rapidly progressed. When the os uteri was two thirds dilated the edge of the placenta could be felt with child presenting vertex. As the patient had rallied somewhat from stimulants and fœtal motion was felt, rapid delivery seemed to offer hope of saving its life. This was accordingly done by foot version, but the child—a boy—was stillborn. Duration of labor was three hours. The mother though terribly depressed from hemorrhage and shock rallied under active stimulation and finally recovered, living nearly twenty years afterwards. This was her last pregnancy.

Case II.—Mrs. M., mother of a large family and nearing the menopause. Date of conception uncertain, but apparently in eighth month of gestation. Violent hemorrhage set in without known exciting cause, followed immediately by active labor pain. Vaginal examination revealed direct implantation of placenta over os uteri which was dilated about an inch and was soft and yielding. Copious gushes of blood with

each pain in a brief time reduced patient to syncope, from which she was with difficulty rallied by position and whiskey. The placenta was detached from the cervix by Barnes' method and delivery rapidly accomplished by pushing the hand through the os, around the edge of the placenta and making version by the feet. This failed, however, to save the life of the child which was a sufficiently developed male. The mother was immediately seized with vomiting and for an hour her life was in great jeopardy. Bits of well salted dry toast, alternated with iced brandy were retained and followed by cautiously increased doses of milk punch. A gradual rally and final recovery was secured and she still lives, but has had no more children. The failure in the two proceeding cases to save the lives of the children, and the evidently increased jeopardy of the mothers from the shock of foot version determined me never to resort to that method of delivery in placenta prævia unless compelled to do so by some malpresentation, and then only when the os was fully dilated.

Case III.—Mrs. D., about 40 years old, healthy, mother of six children, was seized with violent hemorrhage after a carriage ride in the eighth month of gestation. Partial implantation of placenta over os was evident upon examination. Rest, supine position and ice applied to os uteri failing to arrest the flow I detached so much of the placenta as could be reached with the finger sweeping the inner surface of the cervix. Cessation of hemorrhage was immediate and active labor set in. Detecting a shoulder presentation, after waiting until the os was fully dilated I placed the patient in the knee-elbow position, ruptured the membranes and delivered rapidly by foot version. The child, a boy, was living though feeble, apparently from imperfect development. He has since died in his second year from cholera infantum. The mother was ill for six weeks with septic fever and phlegmasia dolens, but finally made a perfect recovery and is now in good health. There has been no subsequent conception.

Case IV.—Mrs. Y., about 35 years old, general condition relaxed and anæmic, mother of two girls. Slight oozing of blood occurred without apparent cause or pain about the middle of eighth month of pregnancy. In spite of rest in bed this gradually increased—hemorrhage became active and in twenty four hours pain set in attended by profuse floodings. The placenta was plainly felt through the opening os and detachment was done as thoroughly as could be reached with the finger. Lumps of ice were then carried into the os and held there with the finger, replacing them with others as they melted. Although not so profuse, the flow still recurred with each pain and I detached the placenta still further as the increased dilation of the os permitted. In doing so I failed to detect a placental edge in any direction, inferring therefrom central implantation. The labor pains becoming feeble, I notched my finger nail and with it perforated with some difficulty the placenta, permitting discharge of waters, and diagnosing head presentation. Labor now set in actively and without recurrence of flooding. There was still fœtal movement and as the patient was rallying under stimulants I determined to wait and watch the efforts of nature. The os steadily dilated and finally the head of the child pushing the edge of the placenta through the os on one side, slipped past the placenta and the child was rapidly born. It was lifeless, however, and I failed to resuscitate it. On reëxamining the mother I found another child in utero and alive, but there was entire uterine inertia. Administered ergot and pain soon set in. Unfortunately the placenta became entirely detached and preceded the child in delivery and the second child was stillborn also, but although the serous oozing was free there was no recurrence of flooding and the mother made a good recovery. Both twins were boys. I delivered this patient again without trouble of any kind two years and three months subsequently and again in two years and nine months. Five years and two months after this last confinement I was called to her for the second time

with placenta prævia as detailed in case IX.

Case V.—Mrs. M.; this was a complete obstetric cyclone. Robust multipara, was seized synchronously with pain and hemorrhage. When I arrived a short time after, labor fast and furious was progressing. Partial implantation was evident on examination, with membranes ruptured spontaneously and head of child pressing firmly in the nearly open os. That she had lost a large quantity of blood was shown by the mass of clot in which she lay, but the flow had been apparently arrested by the persistent pressure of the child's head. Almost continuous pain soon delivered a still born daughter and the mother made a good recovery.

Case VI.—Mrs. H., this patient, a delicate careworn mother of five children, well advanced in ninth month ot pregnancy, was wakened at 4 A. M., by profuse gush of blood, but without pain. The hemorrhage ceased on application of cloths wrung out of cold water to the vulva, but recurred with slight pain in just twenty-four hours. The flooding again yielded to supine position and cold cloths for twelve hours when decided labor set in attended by free hemorrhage. I found the placenta implanted upon the posterior lip of the os which was soft and yielding. Detachment was thoroughly made with the finger and in a few minutes hemorrhage ceased without subsequent recurrence. Labor progressed normally and in four hours a living girl was delivered. Threatening syncope required stimulants during and subsequent to her labor, but the mother rallied nicely and made a good recovery. Both mother and child are now living.

Case VII.—Mrs. W., in the eighth month of her seventh pregnancy contracted rather severe acute bronchitis and moderate hemorrhage occurred, apparently caused by the attending cough. This ceased promptly under rest in bed, anodynes, and remedies allaying the bronchial trouble. Six days subsequently profuse flooding appeared, ushering in labor. Vaginal examination revealed placenta prævia as the true cause of the hemorrhage. Syncope threatened and as excessive nausea almost precluded administration of stimulants, her condition seemed intensely grave. Controlling the nausea as best I could by ice and iced brandy, I detached the placenta from the cervix, sweeping entirely around with the finger. No edge of the placenta could be felt and I perforated it with the notched finger nail as in case 4. The waters were evacuated through the opening thus made and the os slowly dilated. Bloody serum continued to pass with the waters, but there was cessation of the alarming flooding. Even with the os fully dilated it was impossible to feel a placental edge. It was a case of absolutely central implantation, and the second stage of labor set in with the foetal head pushing the entire placenta in advance. This stage of her labor was rapid until the placenta was pressing at the vulva when uterine inertia supervened. I administered ergot, but the stomach immediately rejected it. I then extracted the placenta, and finding the head well down in the pelvic cavity I applied forceps and delivered a still born male. The mother was ill for two weeks with septic fever, but made a good final recovery. I have since delivered her of three healthy children without special difficulty other than the necessity for terminating the second stage of labor with forceps in each labor.

Case VIII.—Mrs. S., about 25 years old. Early in the seventh month of her second pregnancy was seized with hemorrhage in the night without evident cause. Ceasing spontaneously for a time, it recurred at intervals and attended by moderate pain for three days. Then decided labor set in with the characteristic gush at each throe. Passing the finger through the soft and slightly patulous os I found partial attachment of the placenta, and immediately made detachment from the cervical zone and ruptured the membranes. Hemorrhage ceased and the child engaged in the os with pelvic presentation. The dilatation of the os was tedious but labor proceeded normally and resulted in the delivery of an imperfectly developed boy. The mother

made a fair recovery and conceived again three months subsequently, but suffered an abortion in the fourth month of gestation. In twelve months she again conceived and is now nearing confinement at full term.

Case IX.—Mrs. Y., the same patient who ten years ago presented placenta prævia as detailed in case 4. During this interval she has passed through two normal confinements. Early in the eighth month of this, her sixth pregnancy, after several days of slight "show," decided hemorrhage set in without pain. Rest in bed and cold applications to the vulva checked the flow and kept it within safe limits until the sixth day from its inception. Labor was then ushered in with alarming gush of blood, and I detected placenta prævia on examination. I promptly made detachment from the cervix with the finger, and the hemorrhage was lessened, but the oozing of bloody serum continued freely and syncope threatened. She had lost a large quantity of blood in all, and exhaustion seemed so imminent that I carried a piece of sponge saturated with vinegar within the os, pressing it upon the imperfectly sealed uterine sinuses. This procedure and ice applied to the cervix apparently completed the arrest of the flooding, and dilatation of the os proceeded normally as the patient rallied under stimulants. So soon as I could reach the edge of the placenta I ruptured the membranes and vertex presented. Labor continued, but the patient showing signs of dangerous exhaustion, I applied forceps early in the second stage, delivering a living female child, and immediately afterwards extracted the placenta. The child cried quite vigorously but shortly became cyanosed and died on the next day, evidently from immaturity of heart. The mother made a good recovery and is now living in usual health. There has been no subsequent conception.

In the nine cases reported no mother was lost and three living children were delivered. It is true that all the mothers were severely ill, and terribly anxious hours were passed with several before safety was assured. It is not the intention of this paper to underrate the gravity of placenta prævia. Just how grave a thing it is and how heavily the responsibility of its management weighs upon the medical attendant must be felt to be appreciated. The main details of treatment adopted by me have been already given in the report of cases. A few additional points occur to me as being worthy of mention and consideration.

The inevitable gush which attends detachment of nature's doing also attends that done by the finger of the physician. This is alike trying to the strength of the patient and the nerve of the operator. A full dose of alcoholic stimulant should previously be given to sustain the patient, while the physician with the courage of his convictions does in a few minutes safely, thoroughly, and once for all, what unassisted nature could accomplish, if at all, only after hours of life-draining effort. No half-way work will do. The placenta must be *thoroughly* detached from the cervical zone wherever adherent or, hemorrhage will recur. This being done, coagulation being invited, and excessive serous oozing checked by cold and styptics, (as we find necessary occasionally after third stage of normal labor) another point arises. The patient is nervously anxious and her friends no less so, that her troubles should be ended speedily. The doctor, well, he is but human, the strain of exhausting, anxious responsibility, the pressure of other professional engagements, the hope of saving the child, all combine to tempt a rapid delivery in spite of only partial dilation of the os. The hope of saving the child by foot version through an imperfectly dilated os proved delusive with me, while the shock to the patients came near being fatal. Surely no other consideration is worthy of a moment's thought. Fatigue, other engagements, one's own family, everything must yield precedence to the case in hand. Our art is ever a jealous mistress and here she brooks no rival. It only remains to say that no antiseptic precaution known to me was neglected. In the earlier cases vaginal douches with solution of

carbolic acid were used, in the latter, the corrosive chloride, 1 to 4000, as an external wash and sprinkled upon the napkins, seemed to serve a better purpose as guarding against septicæmia. In all, absolute cleanliness of person as regards blood and lochia was maintained throughout.

REPORT OF A CASE OF INNOMINATE ANEURISM TREATED BY SIMULTANEOUS DISTAL LIGATION OF THE RIGHT COMMON CAROTID AND SUBCLAVIAN ARTERIES. RECOVERY.*

BY H. R. WHARTON, M. D.,

Assistant Surgeon, Hospital of the University of Pennsylvania.

The President, S. Weir Mitchell, M.D., in the chair.

Dr. Wharton reported the following case, which was operated upon by Professor John Ashhurst, Jr.

Andrew C., aged forty-two years, who was born in Scotland and served for a time in the British army, and whose present occupation is that of a gardener, presented himself at Professor Pepper's clinic at the University Hospital with the following history: Eighteen months before his admission to the hospital he began to experience pain running from the throat to the right shoulder and arm, and this continued to be noticed at intervals until six months ago, when he began to be troubled with shortness of breath and complained of a paroxysmal cough and difficulty in swallowing; at this time he noticed a swelling appearing above and a little to the right of the sternum.

From this time he suffered much from the symptoms above described, and had also great difficulty in sleeping in the recumbent position and spent a large portion of his nights in the sitting posture. The patient had never had syphilis, and the only thing to which he could attribute his present condition was a severe fall upon the right shoulder which had occurred two years previously.

The result of the examination by Prof. Pepper was as follows: The patient presented a swelling above the sternum extending from the middle line two inches to the right along the line of the clavicle. Inspection showed decided pulsation in the swelling and palpation revealed its expansile character. Auscultation detected no bruit or thrill in the tumor, but the heart sounds were heard over the area of swelling with great clearness; no murmur was detected over the right carotid or subclavian arteries; examination of the heart showed that its sounds were clear. There was noticed great venous suffusion of the face with distention of the venous trunks when the patient leaned forward. The left pupil was large, the right of moderate size; the right pupil promptly responded to light, the left one acted sluggishly. The radial and other accessible arteries were soft to the feel, so that there was no evidence of widespread arterial disease. A sphygmographic tracing taken by Dr. Westcott, showing the differences in the radial pulses, is subjoined.

As the result of his examination, Prof. Pepper was of the opinion that the patient was suffering from an aneurism of the innominate artery.

The case was referred to Prof. Ashhurst and was admitted to the surgical ward.

Prof. Ashhurst, after a careful examination of the patient, concurred as to the diagnosis of innominate aneurism and decided that the treatment by simultaneous distal ligature of the right common carotid and right subclavian arteries was that which offered the most hope of a cure of the aneurism or at least of benefiting the patient's condition.

On November 13th, one week after his admission to the hospital, the patient was etherized and Prof. Ashhurst cut down upon and ligated the right common carotid artery just above the omohyoid muscle with a catgut ligature; the right subclavian artery was next exposed and ligated in its third part just

*Read before the College of Physicians, Philadelphia, Pa., March 2, 1887.

outside the anterior scalene muscle with a ligature of the same material. The wounds were closed with silver sutures, drainage tubes being introduced, and were dressed with oiled lint, the whole right arm being wrapped in cotton.

No immediate effect was noticed in the aneurism from the application of the ligature, nor were there any cerebral symptoms. The patient did well after the operation, and upon the succeeding day the temperature and color of the right arm were good. The wounds did well and in the course of a few days it was noticed that the tumor at the root of the neck had become smaller and firmer and that its pulsations had diminished in force; the dyspnœa and dysphagia had also diminished very markedly, and the patient was able to sleep comfortably in the recumbent posture. Up to the time of his discharge from the hospital repeated examination failed to discover any pulsation in the radial artery. After this time the patient's improvement was continuous and he was discharged from the hospital on January 13th, just two months after the operation, at which time he was examined by Prof. Osler, who made the following report:

Inspection shows no pulsation visible; right sterno-clavicular articulation prominent. Palpation reveals systolic shock at right sterno-clavicular articulation and upon firm pressure a feeble pulsation can be felt, this is also noticeable when the finger is placed in the sternal notch. Percussion gives a clear sound beneath the first bone of the sternum until you approach close to the clavicle. There is a small area of dullness beneath the area of prominence. Examination of the heart shows the apex beat visible just below the nipple; feeble cardiac pulsation felt on deep pressure. No increase of heart dullness; heart sounds clear at apex; at second right interspace, first sound feeble, second sound loud and ringing. Accentuated second sound over first bone of sternum. Over the swelling at right clavicular articulation, first sound is dull, free from murmur, and the second sound is loud. The accentuation of the second sound is heard as far as the middle of the right clavicle; most careful examination fails to discover any indication of murmur.

The treatment of innominate aneurism by the consecutive or simultaneous application of distal ligature to the right common carotid and subclavian arteries has been employed in a sufficient number of cases, and the results following the operation have been of such a nature that it is now established as a well-recognized surgical procedure in the treatment of this affection.

The *rationale* of the treatment of innominate aneurism by the distal ligation of the right common carotid and subclavian arteries is as follows: By the occlusion of the right common carotid and subclavian arteries, if both be tied simultaneously, the amount of blood passing through the aneurismal sac is diminished about two-thirds, and there is a proportionate slowing of the circulation of the blood through the sac; the circulation continuing through the aneurism is, probably, about one-third of the usual amount, representing the blood sent to the large branches given off from the first part of the subclavian. By means of this diminished and retarded circulation we have, in favorable cases, consolidation, to a greater or less extent, of the aneurism, either from the formation of a laminated clot on the inner wall of the sac, or from the extension backward of a thrombus which starts at the site of the distal ligatures upon the carotid or subclavian arteries.

If the ligatures be applied consecutively to the carotid or subclavian arteries, the circulation of the blood current through the aneurismal sac is diminished to a less degree upon the application of the first ligature. In cases which terminate favorably after this operation the aneurismal tumor dimishes in size and becomes firmer, the pulsation becomes less distinct, and the pain and pressure symptoms, if they had previously existed disappear; that pulsation at the site of the aneurism is seldom entirely wanting is accounted for by the fact that a certain amount of blood still finds its way through the sac to supply the vessels given off from the first part of the subclavian.

The question as to whether it is better to practise simultaneous or consecutive ligation of the carotid and subclavian arteries in this form of aneurism, is one upon which the highest surgical authorities hold some diversity of opinion. Mr. Barwell, whose successful cases, and writings upon this subject have given a great impetus to the treatment of innominate aneurism by distal ligature, is of the opinion that the most rational form of treatment consists in the application of simultaneous distal ligatures to the carotid and subclavian arteries in properly selected cases.

He opposes the application of consecutive ligatures unless in exceptional cases; and in this opinion he is sustained by Mr. Erichsen, on the ground that by tying one vessel only, time is allowed for the gradual dilatation of the colateral vessels given off from the first part of the subclavian artery, thus rendering application of the second ligature less effective in diminishing the amount of blood passing through the aneurismal sac.

He concludes that the result of tying the right carotid artery alone for innominate aneurism is not satifactory, as this vessel has been ligated for innominate or aorto-innominate aneurism thirty times, with twenty deaths; and in case of aortic or aorto-innominate disease it has been tied seven times, and in only one instance has it proved beneficial; he concludes, therefore, that in low innominate aneurism which almost always involves, to a certain extent, the aorta, it is safer to tie simultaneously the carotid and subclavian arteries than to tie the carotid alone.

Mr. Holmes, upon the other hand, looks with more favor upon the consecutive application of the ligature; he considers the carotid ligature most important, and recommends its application first, and reserve the ligation of the subclavian for a subsequent period. He is in favor of ligating first the vessel in the direction in which the aneurism exhibits the greatest tendency to spread. He also believes that the distal ligature is efficacious in the treatment of innominate aneurism which is of the mixed variety, which is associated with marked aortic disease; in this opinion, controverting the previous teaching that innominate aneurism associated with aortic disease are unfavorable cases for distal ligation. In this latter opinion he is supported by the favorable results following the ligation of the left carotid artery for aortic aneurism, as suggested by Mr. Cockle.

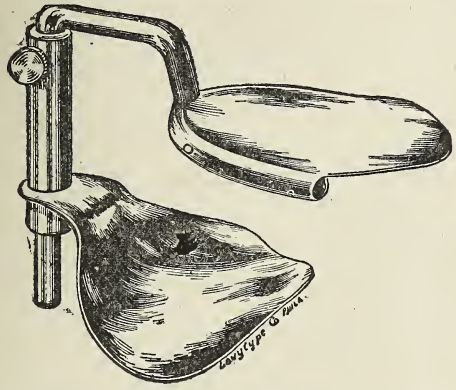
So far as I am able to ascertain, consecutive double distal ligation of the right carotid and subclavian arteries has been practised for innominate aneurism (as diagnosed) in eight cases, with three recoveries and five deaths, although there was a temporary relief in one of the fatal cases.

I have been able to find the records of thirty-two cases of simultaneous double distal ligation of the right carotid and subclavian arteries for innominate aneurism (as diagnosed), in which the operation was followed by recovery in twelve cases, death in sixteen cases, and by temporary improvement in four cases. It will be seen that the results of both methods of treatment as regards the number of recoveries is nearly equal, but it must be remembered that the number of cases in which consecutive ligation was resorted to is very small in comparison with that in which simultaneous ligation was employed. I think, therefore, that at the present time the weight of surgical opinion is in favor of the views of Mr. Barwell, that, in innominate anurism, the simultaneous double distal ligation of the right carotid and subclavian arteries is both a more efficient and safer procedure than the consecutive ligation of these vessels.

Phosphate of Lime in the Night-Sweats of Phthisis.—Dr. Rebory has lately published the results of his experience in the use of phosphate of lime in the night-sweats of phthisis. There can be no doubt that the drug has a special effect on the secretions, although the mode of its action is obscure. Phosphate of lime has the advantage of not being at all poisonous; it is easily administered, is well borne by the stomach, stimulates nutrition, and prevents diarrhœa.—*Brit. Med. Jour.*

MIRROR TOPPED SYPHON TONGUE HOLDER.*

BY DR. D. GENESE, BALTIMORE, MD.
President of State Dental Society of Maryland.



In preparing cavities in the lower jaw where a copious flow of viscid saliva is present, much time is lost and great inconvenience is felt by patient and operator. Absorbents fill the mouth and soon get useless and a pipe syphon irritates the tongue and keeps it continually rolling into the cavity one wants to prepare, while just as the patient is in a good position, the necessity occurs to empty the mouth and the operator looses precious time.

The rubber dam in such cases consumes much time, is often defective and moisture accumulates so fast under it that the patient gets distressed and often the clothes spoilt by the escape of saliva under the dam.

It is also a recognized fact that a plentiful supply of warm water to syringe cavities, getting rid of debris from the undercuts is the dentist's greatest safeguard from troublesome marginal defects found so soon after completing fillings in mouths filled with viscid saliva, which almost glues the debris to the dentine. The posterior operations require good reflected light which cannot be obtained when the mouth is filled with cloths or rubber.

This instrument enables such operations to be performed rapidly and with less fatigue to patient and operator. It keeps the tongue out of the way; shows a fine light upon the teeth and carries all fiuid away as soon as formed on the floor of the mouth.

Under anæsthesia it will relieve the patient from the distress of swallowing the blood, the same in operations on cleft palate, or in spraying the fauces where the desire to swallow occurs almost as soon as the operation commences. It enables the dentist to have the cavity ready for plastic fillings before mixing the material and not to hurry the manipulation, thereby destroying its working properly by too much haste while the material is being introduced, and it *leaves both hands at liberty* without the fear of the tongue getting in the way.

It is made of german silver, nickle plated and highly finished, with three sizes of depressors, which will be found all that is required. It is easily kept clean and is rapidly handled. It can also be worked with a ball syringe, but a flow of water is preferred. It will syphon a pint per minute if desired, and by the arrangement of the inlets no undue pressure is felt on the soft tissues or the tongue during the operation. Its capacity has been tested in many cases, in one of which the patient retained it in the mouth from commencement to finish of three large crown fillings, taking two hours, during which time the head was not removed from the rest of the chair. For operations in children's mouths nothing can equal its usefulness in certain cases, and used in connection with the speculum shown at the State Dental Society of Maryland and also in New York, it will enable dentists to facilitate hitherto difficult operations, making them easily and quickly accomplished with better results than with the old method of operating in small mouths with excessive flow of saliva.

*Read before the Baltimore Medical Society, Monday, March 28, 1887.

Eight of the women physicians connected with the "Medical, Surgical, and Maternity Hospitals of the Women's Homœopathic Association of Pennsylvania," have resigned because the managers have made a rule that "no medicines, except strictly homœopathic potentized remedies, shall be allowed for use in the dispensaries or in any department of the hospital."—*Med. News.*

Society Reports.

THE BALTIMORE ACADEMY OF MEDICINE.

STATED MEETING HELD MARCH 1, 1887.

The President, Dr. P. C. Williams, in the chair.

A CURIOUS CASE OF ICTHIOSIS.

Dr. J. J. Chisolm referred to a curious case of icthiosis that had recently come under his notice. It was in a man æt. 40 years. The patient was covered, especially upon the limbs, with scales. There was not a hair upon any portion of his body. The skin was shrunken and of a parchment consistency. This shrinking had caused a total obliteration of the eyelids, so that only the mucous surfaces remained. It was for the correction of this deformity that the patient came to Dr. Chisolm, as the eyeballs were becoming ulcerated on the corneal surface from exposure. The doctor hesitates to operate as it is his opinion that there is not sufficient vitality left in the skin to nourish the flaps necessary to make the artificial lids.

A CASE OF OVARIOTOMY.

Dr. H. P. C. Wilson related an interesting case of ovariotomy. This is his fifthteen case, of which thirteen recovered. This case occurred in a female 55 years of age. Last August she began to enlarge, and continued to do so until last October, when the tumor bursted and the swelling disappeared. The disappearance of the tumor was followed by a profuse diarrhœa and an equally profuse watery discharge from the genitals. This discharge was continuous for about two days.

For about six weeks or two months the abdomen remained flat, after which time it began to enlarge again and continued so to do until about two weeks ago.

A multilocular cyst of the ovary was diagnosed and was confirmed by the operation. Six or eight small cysts made up the mass.

The cyst walls were very delicate, and some of them were ruptured under very slight manipulation, their contents discharging into the peritoneal cavity. These cysts were filled with a thick mucilagenous fluid. After removing the mass the abdominal cavity was irrigated with warm water and the wound dressed and drained. There was considerable discharge from the wound but the woman made a good recovery.

Dr. Wilson thinks the diarrhœa and watery discharge from the vagina was the result of diyalysis. The fluid from the cyst finding its way by this means from the peritoneal cavity into the intestines, bladder and vagina.

He referred to another case in which there was evidence of rupture of the cyst and the patient got well without operation.

DISCUSSION.

Dr. T. A. Ashby thinks the multilocular cyst developed after the bursting of the primary cyst. He takes it to be a cyst of the broad ligament.

Dr. B. B. Brown referred to a case reported by Dr. I. E. Atkinson in which there was rupture of a cyst and the fluid was poured out by the bladder and bowels.

GLYCOSURIA.

Dr. Jas. Carey Thomas has recently had a number of cases of glycosuria—two of which he referred especially to.

No. 1 was in a man æt. 53 years, who was, at the time he was first seen, under extreme mental strain. He gave symptoms of diabetes, and upon examination the urine was found to be literally loaded with sugar.—He was passing at the time—7½ pints of urine in 24 hours and by an approximate quantitative analysis there was about 20 grains of sugar to the ounce of urine. The sp. grav. was 1040 to 1042.

He was put upon a diet suited to his condition with potassium bromide and opium when required to induce sleep. He improved rapidly and at the last examination there was but 5 grains of sugar to the oz. of urine being passed.

He thinks in these cases the greatest

benefit results from proper regulation of the diet, which should be as extensive as the circumstances will permit. The more extensive and varied the diet list for these patients is, the greater is the liability of their adhering to it.

The other case occurred in a woman. She suffered from thirst and pruritus vulvæ. Her urine was of the sp. grav. 1025 and contained 5 grains of sugar to the ounce.

Under restricted diet she is rapidly improving. In answer to Dr. T. A. Ashby, Dr. Thomas said he has seen diabetic urine of such a low specific gravity as not to give rise to suspicion. This is of such frequent occurrence that the life insurance companies now require the sugar test in all cases, no matter what the sp. grav. may be.

DISCUSSION.

Dr. Ashby referred to the point emphasized by Dr. Flint, that we can have sugar in the urine with remarkably low sp. grav.

Dr. J. J. Chisolm has had some interesting experience in these cases. It is well known that where the general nutrition is at fault changes in the lense with formation of cataract is not an uncommon occurrence and this is seen especially in diabetic patients. For this reason operation upon these cases is looked upon by many surgeons as a doubtful proceeding.

In his experience he has operated upon quite a number of diabetic cataracts and until nine months ago has never lost an eye. In this case one eye was saved.

STRICTURE OF THE FEMALE URETHRA.

Dr. T. A. Ashby reported a case of stricture of the urethra in a mulatto woman. The urethra was almost entirely closed and urine could only be voided drop by drop. One stricture was located at the external meatus and another about midway of the canal. The urethra would only admit of the passage of a very small probe. Dilatation was accomplished until a No. 12 catheter was passed. The cause of the stricture could not be altogether satisfactorily accounted for. There was no history of gonorrhœa or of syphilis. The mucous and submucous tissues surrounding the urethra were much thickened and indurated by a deposit of fibrous tissue without any discoverable local cause. Stricture of the female urethra is an exceeding uncommon condition and the literature of the subject is not extensive. In a paper recently read before the Obstetrical Society of London, Dr. Herman had only been able to collect the reports of twenty-three cases, six of which had occurred under his own observation.

The causes of stricture of the female urethra may be the same as in the male. In young and middle aged subjects gonorrhœa, the cicatrization of chancroids, injury from childbearing are the chief factors at work in the production of the condition. In old women induration and thickening of the urethra-vaginal cellular tissue may cause a stenosis of the canal. The case reported by Dr. Ashby seemed to belong to the latter class, although the age of this patient was only forty years.

DISCUSSION.

Dr. H. P. C. Wilson has never seen a case of stricture of the female urethra.

Dr. John Uhler has seen mechanical obstruction of the urethra from polypi.

Dr. H. P. C. Wilson read a letter recently received by him bearing upon the subject of

LAPAROTOMY FOR EXTRA-UTERINE PREGNANCY.

DISCUSSION.

Dr. T. A. Ashby thinks the letter directs attention to some of the recent work in this field of surgery. In former years electricity and nature were all to which the patient could look for aid. But the brilliant advance that is being made by Mr. Lawson Tait in this line of surgery, shows us that many of these cases can be saved by primary laparotomy that would otherwise perish,

Dr. H. P. C. Wilson has had three cases of extra-uterine pregnancy and in none of them did he resort to laparotomy. They were all saved and the agent employed by him was electricity. Thinks where these cases are recognized before the third month that electricity is very much safer than laparotomy. Considers it our duty to employ the less dangerous means.

A few days ago he saw a case which was sent him as being an extra-uterine pregnancy. It occurred in a woman about 30 years of age. She has had two children. Up until last April her menstrual periods appeared regularly, when they disappeared and did not reappear until October. In December, menstruation again began. Her mammæ were enlarged and contained milk.

Palpation revealed no tumor in the abdomen. By vaginal examination a tumor, about the size of a fist and very hard, was felt in Douglas's cul-de-sac.

There are no adhesions. The uterus measured three inches in long diameter and was retroverted.

He takes the tumor to be a fibroma. Excludes pregnancy because of the absence of the blue mulberry-like coloration of the genitalia; although he does not know if this blue color of the tissues occurs in extra-uterine pregnancy. He did not operate but advised the patient to await further developments.

Dr. T. A. Ashby thinks until laparotomy was suggested that electricity was a good thing, but with our present systematic surgery he thinks the best results may be had from opening the abdominal cavity. It is no more dangerous to open the abdomen to relieve an extra-uterine pregnancy than to do an ovariotomy or an operation for the relief of salpingitis. Thinks in extra-uterine pregnancy that laparotomy is the operation of the future. He believes laparotomy offers the best chances for success when rupture has taken place and our attention is not likely to be drawn positively to the condition until this occurs.

Dr. H. P. C. Wilson agrees with Dr. Ashby that laparotomy is the operation when rupture has occurred.

Dr. B. B. Browne thinks when rupture has not occurred that electricity is safer than laparotomy.

Dr. T. A. Ashby supports the position he holds by referring to the brilliant results of Mr. Lawson Tait.

Dr. H. P. C. Wilson, in view of the fact that we are not all such skillful operators as is Mr. Tait, thinks it best to confine ourselves to using first the less dangerous agent—electricity and then if this fails we may resort to laparotomy.

TUMOR OF THE LABIUM.

Dr. B. B. Browne showed a tumor that he had removed from the labium major of a female. It was of the soft fibroma variety and was of about the size and appearance of a male adult scrotum except that it grew from a narrow pedicle. This tumor she supported by a pocket on the inner side of her drawers.

Dr. J. J. Chisolm reported a case of

SURGICAL MALPRACTICE.

It was in a lady, who when seven years of age had a swelling upon her upper lip. It was pronounced a cancer by the doctor in attendance and removed by an escharotic. The lip was now drawn down and adherent to the gum. It was for the correcting of this deformity that she came to him. He saw some time since another case illustrative of the extent to which ignorance may be present. A child suffered from a phlyctenular corneitis for the relief of which its four front upper teeth were extracted.

He referred to a case of interest recently seen by him. A boy 8 years of age met with an accident by which the bones of the nose were crushed in and he received a cut over the right brain and across the nose to the left cheek. The right eye was not at all injured at the time of the accident but he has since then, lost completely his sight in that eye. The condition is the result of injury to the nasal branch of the fifth nerve and is from that point reflected to the eye with consequent loss of sight.

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BALTIMORE, APRIL 16, 1887.

Editorial.

THE DURATION OF THE SYPHILOGENIC CAPACITY IN RELATION TO MARRIAGE.—Syphilis differs from other infectious diseases in its prolonged virulence and susceptibility of hereditary transmission. The influence of both of these characteristics is modified during the course of the disease. As the disease advances the virulent principle gradually loses its force and finally becomes exhausted. The length of time during which the disease may be communicated by direct contagion or by hereditary transmission makes the question of marriage a most important one, both from a medical and social standpoint. The question is often asked the physician, when may a syphilitic man marry with safety? The answer to this question not only involves the happiness and wellfare of man and wife, but the possible offspring of this marriage union.

At one time the majority of syphilographers asserted that the contagious activity of syphilis began and ended with the chancre, but this view has been abandoned and it is now generally held that contagion ends with secondary lesions.

Dr. Otis divides the disease into two distinct stages, the one active, including the so-called primary and secondary stage and the second passive or so-called tertiary stage lacking in the contagious element; whilst Dr. Morrow asserts that secondary accidents may continue to recur for months or years after the chronological completion of the secondary stage with all the contagious property of that stage.

In other words Dr. Morrow holds that the disappearance of the virulent principle does not always take place with the chronological completion of the secondary stage, but is extended into the tertiary stage. Dr. Morrow's views are based upon clinical experience which shows that late lesions are exceptionally, but none the less certainty, the source of contagion. Holding this opinion Dr. Morrow asserts that the contagious activity of syphilitic virus and its susceptibility of hereditary transmission cannot be considered to have ceased after a given period of time, as, for example, after the third or fourth year, whilst as opposed to this opinion, Dr. Otis fixes the arbitrary period of three years or at most at four years as definitely marking the end of the contagious stage of syphilis in all cases. According to Dr. Otis' view, in the vast majority of cases, there is a practical termination of the contagious stage of syphilis in three years, and if the patient has been persistently treated during this time he regards marriage as permissible. Dr. R. W. Taylor believes that no law can ever be made defining with mathematical certainty just when syphilis will cease to be contagious. He thinks the keynote of the contagiousness of syphilis can be stated in one word, treatment. "If a case of syphilis is taken early, and treated from the beginning of the secondary manifestations for two years in the great majority its contagious character will disappear within that period or within two years and a half." It is thus shown that eminent syphilographers are not fully in accord upon this point. It is quite certain that the duration of the syphilogenic capacity in relation to marriage cannot be wholly determined by arbitrary periods of time inasmuch as the contagious principle and hereditary influence are both influenced by the manner of treatment and condition of the syphilitic subject at the time of marriage.

The discussion of his subject, published in the *Journal of Cutaneous and*

Genito-Urinary Disease (April 1887), is worthy of study by those interested in this branch of medical work. We present the following brief survey of the subject formulated by Dr. Morrow:

"1. The facts of every-day observation show that there is nothing constant in contagion, nothing certain in heredity. Many men marry with a syphilis in full activity of secondary manifestation and never infect their wives or transmit the disease to their offspring. These negative observations are, however, entirely valueless as a basis for estimating positive result.

2. The modern division of syphilis into secondary and tertiary periods, based upon anatomical forms and processes, does not furnish a safe criterion for determining the contagious character of the lesions.

3. The chronological completion of the secondary stage does not always mark the definite disappearance of the virulent principle; clinical experience shows that late lesions are exceptionally, but none the less certainly, the source of contagion.

4. While in the immense majority of cases the contagious activity of syphilis and its susceptibility of hereditary transmission cease after the third or fourth year, yet well-authenticated observations prove in the most positive manner that these qualities sometimes continue in force much longer and may be manifest in the fifth and sixth years of the disease, and even later.

5. The aptitude of syphilitic parents to procreate diseased children may persist after the cessation of all specific manifestations; the contagious stage of syphilis is not, therefore, the exact measure of the duration of hereditary influence.

6. The precise date in the evolution of the diathesis when the syphilitic organism undergoes that radical transformation which marks the limit of its contagious or transmissive power does not admit of mathematical expression.

7. It is probable that this limit varies in different cases and that many circumstances contribute to advance or defer it.

8. The type of the syphilis, the constitutional pecularities of the patient, the character of the treatment, the presence or absence of certain conditions which are recognized as factors of gravity in syphilis, all exert a modifying influence.

9. All these elements should be taken into consideration in deciding upon the admissibility of a syphilitic man to marriage; each case should be studied upon its individual merits.

10. The direct paternal transmission of syphilis without preliminary infection of the mother, may be classed among the most conclusively established facts of medical science.

11. It is, therefore, a dangerous doctrine to teach that the sole risks a syphilitic man introduces into marriage consist in the contagious accident he may bear upon his person.

12. The arbitrary designation of a limit of three, or at most four years, as perfectly safe for a syphilitic man to marry, with or without treatment and irrespective of the actual existence of specific lesions, is unwarranted by science or the teachings of experience.

The conditions of admissibility to marriage formulated by Fournier are much broader, more scientific, more safe. These demand a mild or medium type of the disease, an advanced age of the diathesis, three or four years at the minimum, and a prolonged immunity, eighteen months to two years, from specific accidents; if these guarantees of safety are further fortified by sufficient specific treatment, a reluctant consent is given; marriage is tolerated rather than advised."

Miscellany.

A Contribution to the Management of General Atrophy of the Conducting Apparatus of the Ear.—Dr. S. O. Richey makes a contribution in the April number of *The American Journal of the Medical Sciences* to the treatment of this important affection.

The anatomical peculiarities of the tympanic cavity, its impatience of artificial control, and its resentment of foreign substances, limit, for the purpose

of stimulation, the means at our command. No *fluid* having this therapeutic value can with safety, in the author's opinion, be carried beyond the istmus of the Eustachian tubes, the danger being that, reaching the cavity, it will settle in the depressions, and by undue action there cause inflammation. We are thus confined to *vapors* for this purpose, because they diffuse themselves throughout the whole cavity without partiality, and effect the entire lining membrane, producing no more influence in one locality than in another; they, at least, do this better than any other form of medication, and his reliance has been placed almost entirely upon the vapor of iodine, with good, although not with uniformly satisfactory results. The method of application is fully described. It is a modification and continuation of several other methods. It differs from the Politzer method in the substitution of the local anæsthesia bulb for the large bag, and the use of a malleable silver catheter.

Acute Blennorrhagia Treated by Injections of Bicarbonate of Soda.—Dr. Castellan has recently experimented at the Saint Mandrier Hospital and found that in twelve cases of gonorrhœa the pus was always acid. Considering it an established fact at the present day that the disease is of a parasitic nature, and his observations leading him to believe that the parasite can exist in an acid, but soon becomes sterile in an alkaline medium, he regarded it as logical that, in rendering the pus alkaline by appropriate treatment, the parasite, which makes the affection transmissible, would disappear.

He made use of solutions containing from eight to ten grams of the bicarbonate of soda in a thousand grams of water, which he injected three or four times daily.

Seaen or eight days of treatment sufficed to render the pus alkaline, after which the disease gradually improved and disappeared.

His conclusion are as follows:

1. The urethral pus at the onset of the disease is nearly always acid. This acidity is more or less pronounced.

2. The treatment by the bicarbonate of soda rapidly diminishes the quantity of the discharge. It rapidly causes the sharp pains attending urination to disappear or to be greatly lessened.

3. In chronic urethritis, and in cases already treated by opiates and the usual injections, it brings about a rapid cure. —*Journal of Cutaneous and Genito-Urinary Disease.*

Hyoscine in Kidney-Diseases.—In the *Practitioner* for February, 1887, Dr. Nestor Tirard reports the case of a man aged 58, suffering from chronic kidney-disease, in whom obstinate sleeplessness formed one of the most rebelious symptoms. For a time this condition was relieved by moderate doses of chloral and bromide of potassium, but this combination gradually lost its effect. After a time the tincture of cannabis indica was employed, but the result was disappointing; finally the hydriodate of hyoscine was employed in the strength of one grain to two hundred minims of distilled water, of which two minims were injected subcutaneously. This injection produced sleep, but constant wandering delirium, which increased with the repetition of the dose until the quantity was reduced one-half. The result was, then, that a quiet delirous condition came on almost invariably from ten to twenty minutes after the hypodermic injection and then passed on into sound sleep. Dr. Tirard notes, what seems to have been peculiar in his experience, that there was frequently dryness of the throat. and on one or two occasions the patient awoke with a feeling of nausea, which soon passed off. The pulse did not vary in volume, but always fell five beats or more after the injections. There was absolutely no interference with accommodation, no change in the size of the pupil, nor any marked change in reaction to light.

The conclusions which Dr. Tirard draws from the observations on this case are the following:

"Hydriodate of hyoscine is a drug which can be used with perfect safety in cases of kidney-disease where morphine is inadmissible. It is a drug which may give rest when other sedatives fail.

"If used in two minim doses subcutaneously it may give more satisfaction to the patient than to the attendants, since the unconsciousness may be accompanied by angry and combative delirum. Should this occur, it will probably be sufficient to diminish the amount employed.

"It is very rapid in its action, unconsciousness following in from ten to twenty minutes, and the after-effects are of a soothing character.

"Even when delirium is present in a violent form, it is followed by quiet sleep, and the patient, being unconscious is much more refreshed than by a night of short snatches of sleep produced by chloral or bromide, and the result is a marked improvement in both aspect and temper. And, lastly, no irritation is produced around the site of injection."—*Ther. Gaz.*

A Review of Twenty-two Cottage Cases Occurring in the Woman's Hospital, in the Service of Dr. T. Gaillard Thomas.—Dr. A. H. Buckmaster, in the April number of *The American Journal of the Medical Sciences*, describes the technique of antiseptic laparotomy as practised by Dr. Gaillard Thomas, in his wards at the Woman's Hospital. All taking part in the operation, including the nurses, wash their arms and forearms carefully with soap and water, paring the nails and using a nail-brush. The hands are dipped into a solution of bichloride of mercury (1 : 2000) and a basin containing a solution of the same strength is within easy reach, so that the operator may cleanse his hands from time to time, particularly before introduction into the peritoneal cavity.

All instruments are placed, for an hour before the operation, into 1 : 20 carbolic acid solution, to which an equal quantity of sterilized hot water is added when the instruments are in use. The water is taken from the tank of a high-pressure boiler, and carried to the operating-room in demijohns.

The same sponges are used continuously, and to each is sewed a piece tape, so that it is almost impossible to overlook them when closing the abdominal cavity. After an operation the sponges are carefully washed with soap and water and then boiled for several hours. They are preserved in a glass jar with an air-tight cover, and rest upon a false bottom composed of galvanized rubber which is perforated, and stands in a solution of carbolic acid, 1 : 20. Before use they are soaked for two hours in bichloride of mercury, 1 : 1000. If a sponge becomes friable, or is difficult to clean, it is replaced, and a new one is prepared by soaking it in a very weak solution of hydrochloric acid for several weeks.

For ligatures and sutures, silver wire is used, rendered aseptic by immersion, with the instruments, in the solution of corbolic acid before an operation. Of catgut, that prepared by Am. Ende is preferred. It is preserved in oil of juniper. No. 3 is the size most used, and Nos. 4 and 5 are at hand. The silk for the pedicle and ligatures is prepared in the following manner: A piece of glass rod is bent in the form of a square, and on this the ligature is rolled, so that all parts are evenly exposed to the boiling solution of 1 : 2000 bichloride of mercury, in which it is suspended for an hour. It is removed from this solution under the spray (the utmost cleanliness as to the hands being observed) and dropped into a solution of carbolic acid 1 : 40. Under the solution it is reeled on a glass spool, and finally placed in a bottle containing 3 per cent. of carbolic acid in alcohol. The bottle, cork, and glass spool are boiled with the ligature. The end of the ligature is carried through the cork by means of a carrying thread attached to a round-pointed needle; all of these articles have been rendered aseptic.

Before an operation the walls, flooring, and everything in the operating-room should be rubbed with a cloth wet with the chloride of lime, 1 : 10, and the doors and windows thrown open for 24 hours, so that there may be the freest circulation of fresh air. For an hour and a half two spray apparatuses saturate the air with a solution of carbolic acid, 1 : 40. The solution used is about 1 : 20,

but it loses about one-half of its strength by dilution with the steam. The spray is discontinued when the operation commences.

To guard against contamination from spectators, a rope is interposed, at least three feet from the wound.

The abdominal wall is shaved low enough to prevent the pubic hair from reaching the wound, and the abdomen washed with soap and water and covered with a towel wet with a solution of bichloride of mercury, 1:1000. This is removed just before the operator makes his first incision.

To prevent auto-infection from cysts containing septic material, the patient is turned on the side when they are evacuated.

The preparation of the patient for the operation, the method of operating, and the after-treatment are, also, fully described and illustrated by the notes of twenty-two cases.

Different Methods of Treating Cervical Catarrh.—Dr. L'voff, of Kazan, has reported in the *Meditsinskoe Obozrenie* a number of observations made on the comparative value of different methods of treating catarrh of the cervix uteri. The total number of cases was 82. Of these, 36 were treated by mechanical scraping of the mucous membrane, 18 by means of powerful caustic applications, and 28 with weak caustics. The method of applying the weak caustics was after washing out the vagina with warm water or a solution of boracic acid, to swab the cervical canal with tincture of iodine or with a ten per cent. solution of chromic acid. This was done once a week, plugs soaked in glycerine of tannin being also used every other day. The strong caustic application consisted of a bougie made of sulphate of zinc and alum fused together. This was allowed to remain in the canal till it had all dissolved, which took place usually in one or two hours. Afterward the mucous membrane presented a white appearance, due to the eschar. This fell off in five or six days, during which time warm vaginal douches were administered and plugs of glycerine and iodoform inserted every alternate day. In the cases treated by scarification an iodoform and glycerine plug was left in for twenty-four hours, and the patient was then sent home. The results of these different methods of treatment were that the mild caustics ultimately effected a cure but required at least two months to do so; while the severer methods—that is to say, the fused zinc and alum, and the scarification—produced a permanent cure in about a fortnight. The author adds that no unpleasant symptoms were caused by either the caustics or the scarification in any of the eighty-two cases.—*Med. Record.*

Treatment of Stricture of the Urethra by Gelosin Bougies.—Dr. Bedouin has recently recommended the use of gelosin to produce a gradual dilatation of stricture of the urethra. As is well known, this substance is obtained from the gelatinization of water in which has been dissolved, by the aid of heat, a small quantity of alga or seaweed of Japan. Left to itself in a medium devoid of humidity, gelosin slowly loses its water and becomes a sort of residue of a dry, woody appearance, and of much less volume than in its original condition.

If, then, it is brought into contact with liquid substances or humidity, it tends to resume its primitive volume by reabsorbing the water it has lost. The author, basing his work upon these facts, constructed a series of cylindrical bougies of different calibre from this dried substance. They are introduced within the canal, where they dilate gradually from the urethral secretions, and dilate at the same time the constricted portions. Their cohesion and solidity are sufficient, it appears, to prevent fear of their breaking. Various medicinal substances may be incorporated with the gelosin to act as topical application to the urethral mucous membrane, such as cocaine, iodoform, corrosive sublimate, boracic acid, etc. I should add that this new method of treatment is only in the period of investigation, and that the

results obtained are not as yet numerous enough to carry conviction with them.—*Jour. of Cut. and Genito-Urinary Diseases.*

A Venereal Revolt.—The French newspapers are cited by the "Progrès médical," as having announced what is termed a revolt of the girls under treatment at the Antiquaille in Lyons. Our contemporary adds, in effect, that, although the service is excellent, many reforms having been introduced by Dr. Horand in particular, the fact remains that the girls in question are made to feel as if they were offenders rather than patients, and that the fact of their growing restive under this state of things is but a natural exhibition of self-respect; and it hints that there is really no good reason why venereal patients should be made to endure any indignity, even that of being classed apart, as a punishment for their course of life—a sentiment in which we entirely concur.—*N. Y. Med. Journal.*

The Station of Man, Considered Physiologically and Clinically.—Dr. Guy Hinsdale in the April number of *The American Journal of Medical Sciences*, presents some interesting observations on the gait and the power of preserving an erect position while standing—technically called station—as factors in forming an opinion of a man's physical condition.

They show that the normal man and woman have an average sway of about one inch in the forward and back line, and three-quarters of an inch laterally. That children sway to a slightly greater extent than adults, and that, both in adults and in children, closing the eyes increases the sway about 50 per cent. An artificial agent, such as ether, simply exaggerates the normal sway. That a law of rhythmical motion governs the sway of man. The cause of this is not yet clear.

A "Specific for Diabetes."—At a recent meeting of the Société de Thérapeutique, M. Martineau stated that he had been treating diabetes for the last ten years, with almost invariable success, by a method which he had borrowed from a practitioner now dead. He had hitherto made no communication upon the subject, because he had wished to be perfectly certain that his conclusions were not premature. The treatment consists in the administration of a solution of carbonate of lithia and arseniate of soda in aërated water, to the exclusion of all other drinks. Besides taking this with his meals, the patient uses the same as a beverage when thirsty at other times. M. Martineau affirms that this regimen has cured sixty-seven of seventy diabetic patients he has had occasion to treat.—*Lancet*, March, 19, 1887.

Pasteurism and its Results.—M. Bergé, an inhabitant of Bordeaux, who was treated for rabies by M. Pasteur six months ago, developed symptoms of the disease a few days ago. He was taken to the St. André Hospital, where he died, after a terrible attack of rabies. Dr. Pitres refused to give his opinion upon this case until he had inoculated rabbits with a portion of the patient's spinal marrow.—*British Medical Journal*, March 12, 1887.

Guibaut recommends the following in psoriasis:

Sodii arsen., gr. $\frac{1}{60}$;
Ext. gentian., gr. iss.

In pill form.—Two or three pills after each meal.

Also friction twice daily with
Adipis, ʒ iii;
Acid. pyrogallic, ʒ iiss to ʒ iv.

Also a thorough cleansing with soap every two days.—*Les Nouveaux Remèdes*, No. 23.

Prescription for Headache.—The following is from Dujardin-Beaumetz:

Ethoxycafeine, gr. xii;
Sodii salicylat., gr. xv;
Aquæ destill., ad ʒ i.

Dose—.Teaspoonful or tablespoonful.

Intestinal Concretions Resembling Sand, and Originating in Cells from the Banana.—Dr. N. L. Bates describes in the April number of *The American Journal of the Medical Sciences* some peculiar intestinal concretions, resembling fine black sand, observed in three cases which at the time proved very puzzling to himself, as well as to a number of able chemists, microscopists, and physicians, to whom they had been shown from time to time. They were finally identified as the cells of the banana fruit. Dr. Bates is disposed to regard a prolonged stay in the intestines as necessary for the development of the deep color; hard, sharp, and gritty character; high specific gravity; and siliceous contents of these cells; and when thus developed, they are no more innocent in the bowel than would be a corresponding quantity of sharp sand.

Another State Board of Health.—Nebraska has established a State Board of Health. The new law provides that the Governor shall appoint seven persons, two from each Congressional District, and one at large, with the Governor as their presiding officer. Persons appointed must be graduated physicians, of at least ten years consecutive practice, and the term of office is to be seven years.

Excision of the Entire Clavicle.—Dr. John Sloan reports in the April number of *The American Journal of Medical Sciences* a successful case of excision of the entire clavicle for central carcinoma in a boy aged fourteen years. Four months later there was evidence of the return of the cancer in the line of the cicatrix, and in the glands of the neck.

To Stop Toothache. — Gasell-Fels makes the following mixture, which is an oily liquid, and introduced in the tooth cavity has proved very effective:

Camphor, gr. lxxv;
Chloral hydrati, gr. lxxv;
Cocaini muriat., gr. xv.

For Erysipelas.—Professor Da Costa continues to strongly advocate and recommend the use of pilocarpine in robust plethoric subjects. It is of striking value, and better results can be obtained than from any other mode of treatment. The proper dose is gr. $\frac{1}{8}$ to $\frac{1}{6}$ of pilocarpine, or ♏ xx. of fluid extract of pilocarpus. Local means are not of much avail.

Typhomalarial Fever.—Dr. J. Edward Squire, in a study of typhomalarial fever, which appears in the April number of *The American Journal of Medical Sciences*, maintains that this disease is not a subdivision of enteric fever, but a form of malarial fever, and defines it as "a malarial fever which has assumed that adynamic type which is present in enteric fever." He gives a vivid sketch of its history, symptoms, pathology, diagnosis, and treatment.

Bacteriology. — Mr. W. Watson Cheyne, in the April number of *The American Journal of the Medical Sciences*, in a very timely article, fully describes the technique of the methods of investigating bacteria, including the study of their characters by the aid of the microscope.

Lupus of the Larynx.—At a meeting of the Medical Society of London, Dr. Orwin showed a case of lupus of the larynx in a woman, associated with the same disease of face and nose.

Dr. Colcott Fox showed a case of lupus of the larynx, associated with lupus of the face, palate, and scalp, in a boy aged seven years. Kaposi said that autochthonous affection of the larynx with lupus was unknown. Dr. Felix Semon said that papillary excrescences and ulceration of the epiglottis were to be seen. He did not think lupus of the larynx so rare. Chiari had collected forty cases. In perhaps five to eight per cent. of cases of lupus the larynx had been involved.—*London Lancet.*

The Concentrated Produce Company, of London, offers a $1000 prize for the best work upon the "Physiological Action of the Narcotic Principle of Hops." Competition is open until February, 1888.

Medical Items.

The commencement of the Woman's Medical College of Baltimore, will be held May 2, 1887.

Dr. Wm. T. Lusk successfully performed the Cæsarean section at Bellevue Hospital on the 23d of March; saving both the mother and child.

At the annual meeting of the Alumni of the Jefferson Medical College Dr. S. W. Gross was elected President, and Dr. Austin Flint, Orator for the ensuing year.

The South Carolina Medical Association met at Aiken on Tuesday the 12th inst,, and the Medical Association of Georgia, at Atlanta, on Wednesday, the 20th of April.

Prof. Bartholow states that one of the most valuable remedies for *tetanus* is gelsemium, given in quantity sufficient to produce characteristic effects, and thus suspend the spasms. Small doses are useless.

The Southern Medical College, of Atlanta, at its commencement, held March 3d, conferred the degree of M.D. on thirty graduates, and the Atlanta Medical College, on the following day, graduated forty-five of its one hundred and twenty-one students.

The Earthquake in Europe, according to one of the London newspapers, has been followed by an outbreak of trismus among the injured at Barardo, which is attributed to the inclement weather to which they have been exposed.—*N. Y. Med.Jour.*

At the stated meeting of the Medical Association, of the District of Columbia, held the 5th inst., the following were elected officers for the ensuing year: President, Dr. J. W. Bulkley; Vice-Presidents, Drs. John W. Bayne, W. O. Baldwin; Secretary, Dr. Lackland Tyler; Treasurer, Dr. S. S. Adams.

The Lancet states that Professor Adam Politzer's old pupils and friends have arranged to present him with his portrait as a memento of his great services to aural surgery during the twenty-five years he has been teaching at the University of Vienna, the presentation to take place at the Easter meeting of the Otological Association, in Vienna.

A case of *infantile Eczema* of six months' duration was cured by Dr. Meigs in one week with the following:

℞. Unguent. zinci oxidi,
Ung. petrolati, āā ℥ss
Hydrarg. chlorid. mitis, gr. x. M.
Sig.—Apply freely.—*Col. and Clin. Rec.*

Thaline in gr. iv doses has a remarkable influence over *high temperature*, as shown in two cases exhibited by Prof. Da Costa at the Pennsylvania Hospital, in one of which a temperature of 105° occurring in cerebral rheumatism was reduced to normal in three hours by the above dose. Its action is accompanied by profuse sweating, and no bad after results.—*Col. and Clin. Rec.*

For a crying, irritable, peevish infant, Prof. Bartholow speaks very highly of the following:

℞. Sodii bromidi, gr. v
Mist. asafœtidæ, f℥j. M.
Sig.—*Pro re natâ.*

If there be no flatulence, simply give the bromide in camphor water.—*Col. and Clin. Record.*

The late ceremonies in celebration of the ninetieth birthday of Kaiser Wilhelm have not failed to redound to the glory of his physicians, to whom the public is ready to ascribe much of the credit of the patient's advanced age and robustness. The Court Journal gives a picturesque account of the physician always on duty in the room of the Emperor. The latter suffers from a weak heart, the inaction of which causes his frequent falls. This physician, we are told, while the Kaiser sleeps keeps his fingers on the pulse, and when he perceives any indication of greater weakness, wakes the Emperor and administers strong stimulants. The picture should offer suggestions to the cartoonist.—*Boston Med. and Surg. Journal.*

Dr. Vulpian states that salicylate of lithia is more efficacious than salicylate of soda in cases of acute and progressive sub-acute articular rheumatism. It also has some effect in chronic cases when a certain number of the joints are still deformed, swollen, and painful. Four to 4½ grammes, and even 5 grammes, may be given in the day. If the improvement is not lasting, 50 centigrammes may be added to the daily dose. Sometimes, when the does is increased to 5 or 5½ grammes, symptoms of intolerance begin to be shown. Salicylate of lithia may be given dissolved in water, in powder, or in unleavened bread, during or after meals, in doses of 50 centigrammes. The physiological effects of the drug are headache, giddiness, and deafness.—*Brit. Med. Jour.*

The medical schools of Toronto at present have no power to confer degrees. They merely prepare their men for the provincial examining board and the examination of the Toronto and Victoria Universities. One of these schools is at present applying to the Legislature for power to grant the M.D. degree; it is opposed by the other. A suggestion is made that the two schools unite and one good school be formed. If this is done, another teaching body is sure to be formed to fill the void and give places to men who desire the prestige and glory (if such there be) of being connected with a medical school.

The Ontario Medical Council are endeavoring to get a bill through the Legislature giving them power to strike off from the register the name of any one guilty of unprofessional conduct.—*Med. News.*

Original Articles.

THE DIAGNOSIS AND PROGNOSIS OF CARDIAC MURMUR.*

BY G. J. PRESTON, M.D.,

Professor of Practice of Medicine, Baltimore Polyclinic.

Of all the symptoms elicited by physical examination, scarcely one has been so misunderstood and misinterpreted as the heart murmur. The fact that serious disease of the heart is always indicated by an alteration of the sounds has led the careless auscultator to conclude, most illogically, that a murmur *per se*, indicates a serious lesion. One whose ear has not been educated by practice comes very easily to misinterpret the sounds of the heart, and the instructor in physical diagnosis is well aware that the student is rather more liable to diagnose murmurs where none exist, than he is to fail to discover adventitious sounds when present. In health the variation in the sounds consequent upon the closure of the valves is considerable. Any one who examines many hearts gets familiar with these modifications. Among the most common changes is a roughning of the first sound, a prolongation of the first sound which often closely simulates a murmur, booming and clanging sounds which are independent of hypertrophy and feeble sounds. Where it is important to decide whether the sound heard is merely an unimportant modification of the normal sound or a murmur it is well to make a number of examinations, rather than a single protracted one, since the auscultator is very apt to get into a condition of uncertainty after listening a long time with the ear alone, or with the stethoscope.

After the elimination of all doubtful sounds, there remains a large class of cases in which there is a positive murmur associated with few or no symptoms which would point to circulatory derangement. The symptoms complained of by such patients present, naturally, great variation; if the subject be anæmic there is apt to be palpitation and præcordial pain; in the slight form of irritable heart from tea, coffee and tobacco, there is more or less distress experienced in the region of the heart, and there may be a history, often imaginary and elicited only by questions, as to shortness of breath on exertion.

In regard to this latter symptom the case taker should be careful, for the usual question "are you short of breath on exertion?" will in a large number of instances be answered in the affirmative from mistaking a physiological for a pathological condition. The greater number of these cases, however, will complain of no characteristic symptoms, and the discovery of the murmur is oftentimes accidental, or in the course of routine examination. Of Sir Andrew Clarke's 683 cases, no less than 326 applied for treatment for the relief of symptoms pertaining to the digestive system, 134 for nervous affections, 61 for rheumatism, 30 for skin diseases, and 23 for gout, and it is interesting to note the confirmation of a coincidence which has been pointed out that heart murmurs are so rarely associated with phthisis, since out of this exceptionally large number of cases only four are reported with the latter disease. We are liable, then to find a heart murmur associated in an entirely independent manner, with a great variety of other conditions.

The diagnosis is, unfortunately, the most interesting feature in connection with these cases. If after careful examation it is decided that a murmur is certainly present, it becomes a matter of the most vital import to determine as to its diagnostic significance. Is it a progressive organic lesion which is likely to terminate life in few months or a few years, or is it a simple murmur which may be consistent with perfect health and active life? If the case be seen for the first time, and there are no special symptoms referable to the heart and the general circulation present, the diagnosis of a simple, uncomplicated murmur may be made, if at the same time there is no history of recent acute rheumatism,

*Read before the Clinical Society of Maryland April 1, 1887.

syphilis, eruptive diseases, etc., or if the interval between such attacks and the time of the examination be sufficiently long to warrant the opinion that the change in the valves is of some years standing, and that no degeneration is going on. It is necessary to look with great minuteness for the well known effects of valve lesion. Sometimes the only point for diagnosis is a trifling œdema, a trace of albumen in the urine, a little shortness of breath, or persistent headache and giddiness. Change in the heart's size, unless somewhat pronounced,is extremely difficult to bring out, except by skilled percussion. Too much stress should not be laid upon the character of the pulse, which may depart pretty widely from the norm, as regards force, frequency and rythm, from merely temporary and functional causes.

As to the murmur itself, little can be determined from its character as heard on auscultation. The simple uncomplicated murmur may present all varieties; it may be prolonged very greatly, blowing, rasping, soft, short and gushing; now scarcely audible, now heard with great distinctness all over the chest. Probably the most important aid in diagnosis is the duration of the murmur; when it has existed for several years with no secondary effects, and no compensatory hypertrophy the diagnosis of simple murmur may be made with sufficient positiveness. On the other hand, however, cases will not infrequently occur, running harmless course for some years, and suddenly alter their character evincing degenerative changes, showing that the simple murmur which is ordinarily due to some structural alteration in the valves, has changed into a progressive organic murmur, and the change thus brought about can usually be traced to some faulty mode of life or an acute disease.

With the diagnosis of a simple, uncomplicated murmur arrived at, the prognosis is subject to certain conditions. In the first place as to the importance of the valve affected clinicians differ somewhat. Leaving out of consideration the right side of the heart, probably the most innocuous of all the murmurs is the mitral regurgitant, next in order the aortic obstructive and lastly the aortic regurgitant. The duration of the murmur is of course of very great importance in this place. Sir Andrew Clarke says that a favorable prognosis may be made, other conditions being in like accord, if the murmur has been known to exist for over three years. The cause effective in producing the change in the valves, if such can be ascertained is a very important element in the prognosis. If the lesion has probably been the result of rheumatism, and the patient liable to continuous recurrence, the prognosis must be guarded. If on the other hand it has apparently followed one of the eruptive fevers, or, as is most frequently the case can be referred to no special producing cause, the prognosis may be more favorable. If the murmur has followed chorea, it will disappear, according to Sir Andrew Clarke in eight or nine years. Of course the subsequent life of the patient according as it is simple and regular, or exposed and subjected to severe and prolonged muscular exertion or to excesses of various kinds will influence the prognosis. Any chronic disease which effects directly or remotely the circulation must be taken into consideration. After the physician has gone through the above consideration in any particular case, and diagnosed a simple murmur should he communicate his impression to the patient? Generally speaking he should not. We as professional men .know that the term heart disease as it is usually employed means much or little, but to many patients, especially those belonging to the more intelligent and thoughtful classes,the mere hint that they are affected with an incurable disease, and one which is so inseparably associated in their minds with sudden death, will cast a gloom over their lives which no assurances, however strong, can dispel. The general depression, the habit of noting unimportant symptoms and the mental disquietude occasioned by such a communication will often far more than counterbalance the beneficial effects of a carefully regulated life.

Of course there are patients who will

insist upon being informed of their exact condition, and others again whom it becomes necessary to frighten into a proper course of life. The almost universal custom of life insurance has greatly intensified the importance of this subject. A man applies for insurance, and whether it be a distinguished specialist examining for one of the important companies, or the country doctor for the local lodge, if a murmur is discovered the applicant is turned down, and sometimes told that he may die at any moment. Every practitioner can recall instances of this, and bear witness to the incalculable amount of mischief that is done by this misinterpretation of facts. It is usually a wise procedure to inform some discreet friend of the patient accurately and thus shift the responsibility if there be any, though in most cases of simple uncomplicated murmur even this is unnecessary. Sir Andrew Clarke has rendered a very valuable service to the study of this subject by the exceptionally extensive and carefully prepared list of cases in his paper read before the British Medical Association, and the subject was discussed in a most instructive manner.

The following analysis of 37 cases taken from my dispensary note books, while not embracing a sufficient number from which to draw any very definite conclusions, may yet prove suggestive to those who have a wider field for observation.

It should be stated in explanation that this list is composed of patients sent into the department of General Medicine at the Polyclinic, and not supposed to have any heart affection since in the event of the history as taken by the Recorder, pointing to heart disease they were sent to the department for diseases of the throat and chest.

Of the patients, 13 were males and 24 females; the ages varied from 8 to 75, averaging about 33. The symptoms, for the relief of which they applied for treatment were of course very various as the cases are mixed ones.

Of the majority of the cases no exact cause could be assigned. 10 were pretty certainly due to rheumatic affections, 4 to chorea, and, one probably to syphilis.

As to the seat of the murmur, and it might be said that doubtful cases have been left out, only pronounced murmurs being included in the list, 18 were simple mitral regurgitation, 6 simple aortic obstructive, 10 aortic obstruction combined with mitral regurgitation one aortic stenosis and regurgitation and the remaining two or three were cases in which all the valves were more or less involved.

In 19, or more than half of the cases, the murmur was the only thing upon which to base the diagnosis, the symptoms being either entirely absent or in a few cases vague statements of pain or dyspnœa were given, and of these 19 cases, 11 had a simple mitral regurgitant murmur, 4 aortic obstruction with mitral regurgitation, 3 simple aortic stenosis and 1 a double aortic murmur.

The length of time unfortunately, has not been of sufficient duration to allow any observation in this regard since none of these cases have been under observation longer than two years.

The cause of these murmurs is in most instance a slight structural alteration in the valves, producing in the one case a narrowing of the aperture or an unevenness of the valvular surface, which, however, may be smooth, and on the other a trifling incompetence permitting an unimportant regurgitation.

In conclusion the following points may be noted.

1st. The relative frequency of these simple uncomplicated murmurs.

2nd. The importance of an accurate and comprehensive diagnosis.

3rd. The various elements, which enter into the prognosis, and finally the invisability of informing a patient of a condition, which after all may not be incompatible with a long and active life.

It is announced that steps have been taken which are expected to lead soon to the establishment in New York of a special hospital for diphtheria patients. Among the medical men who are mentioned as favoring the project are Dr. Fordyce Barker, Dr. A. Jacobi, Dr. J. H. Ripley, Dr. G. F. Shrady, Dr. J. B. White, Dr. W. B. Wallace, and Dr. C. J. Macguire.—*N. Y. Med. Jour.*

THE SEASONAL RELATIONS OF CHOREA, RHEUMATISM, AND NEURALGIA.*

BY MORRIS J. LEWIS, OF PHILADELPHIA.

I have been requested by your committee on meteorology and epidemics to read a paper on the influence of different conditions of weather on rheumatism and nervous affections, and take pleasure in doing so, but must state that the paper read by me before the Philadelphia Neurological Society, in October, 1886, which appeared in the *Medical News* of November 13, 1886, embodies nearly all the facts that I have to bring before you to-night. The salient points, however, I think I can bring forward in a clearer manner than then, having changed the method of tabulation so as to make the subject more easily comprehended.

A *daily* comparison between the states of the weather and disease could not be made, as the *days of onset* of the two affections, chorea and rheumatism, could not be obtained. The *months of onset* were, therefore, taken and compared with the *monthly* average of the weather, this, although rendering the result less accurate will, however, show many points of interest, the study extending over the decade 1876–1885 inclusive.

The months of onset of 437 separate attacks of chorea were taken from the books of the Orthopædic Hospital and Infirmary for Nervous Diseases during this decade; and attention is drawn to the fact that it is the time of onset of the disease that is noted and not the time of application for treatment; any conclusion drawn from the latter method of notation must necessarily be inaccurate. As it is a well-recognized fact that a relationship exists between chorea and rheumatism, which, it is needless to say, is as yet imperfectly understood, I thought it would be of interest to compare with the cases of chorea the months of onset of attacks of acute and inflammatory rheumatism, and for this purpose studied the notes taken at the Pennsylvania Hospital, which were placed at my disposal; from these were collected 467 separate attacks of acute rheumatism which occurred during the years in question, all cases being excluded that were at all doubtful, together with those that did not originate in this city: this, of necessity, excludes nearly all the cases occurring among sailors.

To compare neuralgia with these two affections, I have extracted from the article by Captain Catlin, on "The Relation of Pain to Weather" (read before the College of Physicians in June, 1883, by Dr. S. Weir Mitchell), the hours of pain per month for the period of his study, of his own case, from 1875 to 1882 inclusive; but, unfortunately, Captain Catlin was situated at West Point, and the years of study do not coincide, and, therefore, for a better comparison I have prepared a table in which the first year of the neuralgia record (viz., 1875) and the last three of my records of chorea and rheumatism (viz., 1883-84-85) have been expunged, this then includes a period of seven years, 1876-82 inclusive, in which the two studies coincide, except for locality.

The weather statistics were compiled from the records kept at the Signal office in this city and consist of a study of the temperature, range of the thermometer, barometer, relative humiditiy, amount of rain and snow in inches, number of cloudy and rainy days, and the number of storm centres (centres of low barometer) passing within circles of varying radii drawn around Philadelphia as a centre.

The monthly average of the weather being thus studied for ten years was then taken and compared with the monthly average of disease; but the peculiarities about to be spoken of are best seen when a table is made which shows the mean of the ten years in question month by month.

It must be borne in mind that while the records of the weather are complete so far as they go, the cases of disease here reported are but a small portion of those that must have occurred in this city during that decade; the neuralgia

*Read before the Philadelphia County Medical Society, March 23, 1887.

record is an exception, as it is a complete record at least of the sufferings of one person. The 437 attacks of chorea are distributed among the twelve months of the year as follows:

January	36 attacks	= 8.2	per cent.
February	33 "	= 7.5	"
March	67 "	= 15.3	"
April	38 "	= 8.6	"
May	47 "	= 10.7	"
June	40 "	= 9.1	"
July	46 "	= 10.5	"
August	34 "	= 7.7	"
September	27 "	= 6.1	"
October	18 "	= 4.1	"
November	19 "	= 4.3	"
December	32 "	= 7.3	"

The 467 attacks of rheumatism are distributed as follows:

January	50 attacks	= 10.7	per cent.
February	44 "	= 9.4	"
March	45 "	= 9.5	"
April	81 "	= 17.3	"
May	48 "	= 10.2	"
June	32 "	= 6.6	"
July	28 "	= 5.9	"
August	26 "	= 5.5	"
September	29 "	= 6.2	"
October	28 "	= 5.0	"
November	24 "	= 5.1	"
December	32 "	= 6.6	"

To compare the relative frequency of neuralgia per month with these records, I have had recourse to the unique study of the relation of pain to weather, by Captain Catlin, previously mentioned.

The total amount of pain for the eight years ending January 1, 1883, was 12,994 hours, or nearly one-fifth of the time.

The winter months hold the advantage as pain producers, and for this period, while the sun was north of equator, there were 6783 hours, against 6161 hours while it was south of the equator.

The hours of pain were distributed among the twelve months as follows:

January	1220 hours	= 9.4	per cent.
February	1084 "	= 8.3	"
March	1234 "	= 9.4	"
April	1060 "	= 8.1	"
May	1089 "	= 8.3	"
June	947 "	= 7.2	"
July	997 "	= 7.6	"
August	1060 "	= 8.2	"
September	1006 "	= 7.7	"
October	1038 "	= 7.9	"
November	1104 "	= 8.4	"
December	1153 "	= 8.8	"

In glancing over these figures, great variation in the number per month is seen; the two highest months for chorea being May and March respectively, and the two lowest October and November; while for rheumatism, the two highest are January and April, and the two lowest November and August.

The highest month for rheumatism follows the highest month for chorea, instead of preceeding it, as we might have been led to suppose from our knowledge of the relationship between these two affections, although a considerable rise is seen in the number of attacks of rheumatism in January, two months before the greatest rise in the number of chorea cases.

The greatest suffering from neuralgia occurred in March, and the least in June.

An attempt to explain these variations, naturally brings us to a study of the varying conditions of the weather.

Nothing especial is seen in comparing the chorea tracing (tabulated from the foregoing figures) that of the *mean relative humidity* (and by this is meant, not the *mean actual amount* of moisture contained in the air, but the *mean per cent.* of moisture that could be held in suspension at the mean temperature of each month) or that of the mean barometer, except that there appears to be an increase in the number of attacks of chorea with a fall in these two tracings; the reason for this will appear later; neither is much learned by comparing the chorea tracing with that of the mean daily range of the thermometer, which shows the variableness of the different months; this is the greatest in May, and least in December. The mean temperature tracing which is highest in July and lowest in January, does not throw much light upon the subject. When, however, the tracings of the number of the cloudy days, and the days on which rain or snow fell, and the amount of rain, or melted snow in inches, are studied, a slight resemblance to the chorea tracing begins to be apparent, and the probable cause of this becomes more evident when the storm tracings are studied, because these

meteorological factors may be considered as component parts of a storm. The cause of the relationship previously noted as existing between the chorea, and the mean relative humidity and mean barometer tracings, now becomes clearer, the storm centres being centres of low barometer.

In studying the storms, circles of varying radii were drawn around Philadelphia as a centre, and the number of storms, as marked on the weather bureau maps, counted in each.

The storms passing within the 400- and the 700-mile circles are the only ones I will discuss; the former because it shows the nearest resemblance to the chorea tracing, and the latter, because the average distance over which a storm can influence neuralgia has been found by Captin Catlin to be about 700 miles. A very strong resemblance exists between these two storm tracings.

The smallest number of storms passing within the 400-mile circle occurs in August; a rapid rise of the tracing then takes place, until December and January are reached, then there is a slight fall in February, immediately followed by a rise to the highest point in March, after which there is an irregular fall until the low point in August is reached. The total number of storms passing within this circle for the ten years in question, is 520, and they are distributed as follows:

January	60 storms	= 11.5	per cent.
February	54 "	= 10.3	"
March	75 "	= 14.0	"
April	46 "	= 8.8	"
May	41 "	= 7.8	"
June	28 "	= 5.3	"
July	34 "	= 6.5	"
August	19 "	= 3.5	"
September	24 "	= 4.6	"
October	32 "	= 6.1	"
November	47 "	= 9.0	"
December	60 "	= 11.5	"

An one comparing a tracing made from these figures with that of chorea, must be struck by the resemblance between the two, which is more than accidental.

Whilst the chorea tracing shows a strong tendency to keep pace, month by month, with the irregularities of the storm tracing, that of rheumatism, while also strongly resembling the latter in its general characteristics, may be seen to be almost exactly *one month later*, looking as if the effect of the meteorological changes was immediate in the case of chorea (as will be seen later to be the case with neuralgia), and preparatory only in the case of rheumatism. A marked resemblance exists between a tracing made from the hours of pain per month previously mentioned, and the storm tracings, even when the years of study do not coincide; when, however, a table is prepared for the years 1876–82 inclusive, during which the studies do coincide, the great resemblance becomes manifest; this most marked with the 700-mile, and less marked with the 400-mile tracing, although still pronounced.

It would be interesting to know how many nervous disorders are thus immediately influenced by the weather, and in how many others are the meteorological changes to be looked upon as preparatory to the outbreak of the disorder.

The hot weather of July has been shown to precede the month of onset of the greatest number of attacks of infantile palsy.

A similar study in the case of epilepsy, hemiplegia, and many other affections might open up much that is new.

TABLE SHOWING THE FIGURES FOR CHOREA, RHEUMATISM, NEURALGIA, AND THE 400- AND 700-MILE TRACINGS FOR THE YEARS 1876–82 INCLUSIVE.

Month.	Number of attacks of chorea.	Number of attacks of rheumatism.	Hours of pain.	Storms passing within 400-mile circle.	Storms passing within 700-mile circle.
Jauary	32	44	1018	44	76
February	16	27	918	38	67
March	50	34	1045	55	76
April	24	54	932	33	58
May	27	35	907	25	46
June	28	18	827	21	42
July	30	13	875	25	38
August	21	16	885	15	41
September	16	18	901	19	43
October	14	16	903	21	49
November	10	15	914	32	43
December	17	17	977	47	71
Totals.	280	295	11,332	375	650

A NOTE ON THE IRRADIATION OF MOTOR IMPULSES.

BY N. A. RANDOLPH, M.D.,

Professor of Hygiene in the University of Pennsylvania

About two years ago this question arose in mind: If a man performs work with muscles of (*e. g.*) his right hand exclusively, and to the point of fatigue, can he thereafter perform as much work of the same nature, with the hand as he could if the right had not been previously exercised?

It will be seen that this question relates in nowise to a comparison of the work of the two hands, but to an examination of the work which may be accomplished by one hand as conditioned by the previous exercise or non-exercise of its fellow of the opposite side.

It is evident that the answer to this query is dependent on intracranial processes solely, and that such answer would throw some light upon the functional independence or interdependence of the two halves of the brain.

In order to answer the question just stated, certain conditions are prerequisite. The subject of experiment must have no conception of the object of the investigation, or he will unconsciously become a partisan of one or the other hand. He must, also, have a very strong inducement to exercise his volition to the utmost.

These conditions were fulfilled in the persons of some intelligent and vigorous convicts in the Eastern Penitentiary in this city. The stimulus was a money prize to the man who accomplished the most work in a given time. In the prosecution of these experiments I am under obligation to the courtesy and assistance of Dr. W. D. Robinson, physician to the penitentiary.

In the first series of experiments, rubber bulb syringes, identical in all their measurements, were used, and the amount of water which the men could transfer from one vessel to another in a given time was accurately measured and taken as proportionate to the work performed. Some forty observations were made by this method, with the uniform result that either hand could do more work when its exercise preceded than when it succeeded the similar exercise of its fellow of the opposite side. It was found, however, that the muscular effort could not be entirely restricted to one side of the body in this method, as great fatigue was always accompanied by a grimacing and writhing which implicated the muscular movements in this case being restricted to an up-and-down motion of one finger of each hand, the number of such movements made in a given time being recorded on the usual long and narrow strip of paper as dots or dashes, in accordance with the celerity of contraction and relaxation of the flexors of the finger. The results of this series of experiments were uniformly confirmatory of those before obtained, but the method had to be abandoned as productive of great eye strain in counting.

I then had made the instrument which is here shown. It consists simply in the clockwork and dial of an ordinary gas meter, to which a lever is adapted in such wise that each flexion of the finger is recorded by an appropriate motion of the index on the unit dial. The apparatus is fixed in a box, upon which the hand and forearm may conveniently rest. The lever projects through an aperture in the lid, and a glass plate in the side permits the records on the dial to be easily read off and noted. Six healthy prisioners, supplied with the incentives of cash and competition, were repeatedly examined by this means. To each, fifteen minutes were given to make the best record he could with (*e.g.*) the right forefinger, and thereafter the left forefinger was similarly exercised for the same time. On the following day the same process was repeated, always commencing, however, with the finger of the hand which had been used second on the previous occasion. No hand was ever thus employed twice on the same day.

The results were practically uniform.

*Read before the College of Physicians, Philadelphia, Pa., March 2, 1887.

The man who for fifteen minutes flexed and relaxed his right forefinger with the greatest speed possible to him would, on the follow day, accomplish, on an average, nearly ten per cent. less work with that finger when its exercise was consecutive to a similar exercise of the forefinger of the opposite side, than when its work was initial.

Usually more work could be accomplished by the simultaneous exercise of the two forefingers, than by their exercise one after the other. In such exercise of both hands at once, and apparently from some unconscious effort at rhythm on the part of the subject, it was noted that the movements of the left forefinger were generally more active and rapid than when used alone, although in both instances the greatest effort at speed was evidently made. I am told that some pianists have a similar experience, inasmuch as they find it possible to exercise the fingers of the left hand more rapidly when the right is similarly engaged than when the right is inactive.

The relation of these facts to the observations of Dr. S. Weir Mitchell and Dr. Morris Lewis is largely supplemental in its nature. These observers, as is well known, showed that the knee-jerk is reinforced by any voluntary movement in any part of the body, and that this reinforcement was apparently due to such an irradiation of motor impulse from the active centres to other similar centres as placed them and their related muscles in a condition of heightened responsiveness to external stimuli. My studies not only tend to confirm these observations, but to show that the fatigue of one centre may induce a sympathetic fatigue in other centres.

These observations are of interest, inasmuch as they suggest—that the centres for volition, attention, and coördination (or one or more of these) are not, in their functional activity, bilaterally symmetrical and independent—that is, that these functions have not attained complete differentiation into right and left will, attention, or coördination; that, probably, the first effect of the voluntary activity of a portion of one cortical motor area is a stimulation of the corresponding portion of the other hemisphere—a stimulation that may result in its slightly premature fatigue; that apparently more work can be effected through the voluntary simultaneous exercise of two such portions of the motor apparatus than by their independent exercise one after the other.

Society Reports.

THE CLINICAL SOCIETY OF MARYLAND.

STATED MEETING, HELD MAR. 18, 1887.

The 190th meeting was called to order by the President RANDOLPH WINSLOW, M.D., in the chair.

Dr. A. Friedenwald exhibited a specimen and related a case of

OSTEO-SARCOMA AT THE BASE OF THE SKULL.

The patient was a female æt. 57 years, who had never borne children. She came under his care August 27th, 1884, complaining of great pain in the head which had troubled her for two months previously. Left side of the face was congested. Impairment of vision for two weeks. Partial ptosis of both eyes, more marked in left than right. Divergent paralytic strabismus in both eyes; pupils of normal size; no reaction of pupil in right eye; in left eye contracted slightly on admission of bright light. Had vertigo about one year ago. Unsteadiness of gait. Ophthalmoscope showed atrophy of the optic nerve in right eye. Pallor of disk and slight attenuation of vessels in left eye. Diagnosis of tumor at base of brain. He had the patient under observation till March, 1885. Muscular movements restored in right eye. Only partially so in the left. About this time a polypus presented itself in the left nares, which was removed. Shortly after this the superior maxillary and malar bone became hypertrophied. The sense of smell was

the first of the special senses affected. Diagnosis was then made of tumor at the base of the skull. Autopsy showed a large tumor situated outside of the dura mater, within the skull. It involved the left half of the cribriform plate and the posterior parts of both fossæ. The tumor closely encircled the optic nerves and the nerves of the middle fossæ. It extended downward, through all of the bones which it covered, entirely absorbing them and leaving minute osseous granules throughout the tumor. It extended into both the nasal and orbital cavities. Microscopical examination showed the tumor to be a sarcoma.

DISCUSSION.

Dr. John Chambers said that he had once observed a case similar to the one reported by Dr. Friedenwald. The patient was about 22 years of age. He had suffered greatly with facial neuralgia which finally subsided. The muscles became atrophied and were drawn to one side. Swallowing was very difficult. Autopsy showed the presence of an osteosarcoma, of the spindle-cell form, which occupied the wing of the sphenoid bone. The fifth nerve was incorporated in the growth.

Dr. L. McLane Tiffany related a most interesting case of

NEPHROLITHOTOMY.

The patient was a female, aged 25 years, and in the third month of pregnancy, upon whom he had performed successfully the operation of nephrolithotomy.

DISCUSSION.

Dr. John Chambers asked Dr. Tiffany if the patient had been subject to renal colic.

Dr. Tiffany replied that there was history of pain in the loin, but none of any calculus having passed, so the pain was attributed to the presence of stone in the kidney.

Dr. R. Winslow asked if there was any swelling in the side of the patient.

Dr. Tiffany replied that an examination was made under chloroform and no enlargement of any kind was revealed.

Dr. S. T. Earle then read a paper entitled

TWO CASES OF TETANIC CONVULSIONS FROM MURIATE OF COCAINE.*

DISCUSSION.

Dr. R. Winslow asked Dr. Earle the size of the dose of the drug used.

Dr. Earle replied that two grains were used in the first case and five in the second.

Dr. I. E. Atkinson said a case had been reported where tetanic symptoms followed when only one grain had been given. A German author had also reported a case where these symptoms followed its use. In both cases the drug was administered hypodermically. He thought these tetanic convulsions evidently belong to the toxic effects of cocaine.

Dr. A. K. Bond asked Dr. Earle if there was any difference in the preparations of the drug used and if he thought the location where he administered it had any influence on its action.

Dr. Earle replied that the preparations used were exactly the same. He did not think the location had anything to do with it. He gave it hypodermically into the connective tissue around the anus. In referring to the remarks of Dr. Atkinson, he said that he was always on the lookout for the toxic effects of cocaine whenever he gave it. As much as 40 grains had been given without bad results; but as these symptoms do occur it is well for us to vary the dose in individual cases a fact which he always observes.

Dr. G. H. Rohé had removed several wens from the head of two patients, mother and daughter, under the influence of cocaine. The mother did not feel the cutting at all, but had fainting symptoms to come on. He thought it due to the fact that the mother was probably more emotional than the daughter.

*See MARYLAND MEDICAL JOURNAL, March 12th, 1887.

Dr. R. Winslow had seen a similar case where fainting symptoms were produced in a patient not at all emotional.

Dr. John Chambers had once seen a man in a very emotional state from one grain given hypodermically. He tried a two grain solution locally on his own gums for the purpose of having a tooth drawn, and it produced very peculiar symptoms about his legs. As the dose seems so uncertain, he asked if it is not safer to use ether or chloroform. They are less dangerous as comparative statistics seems to show.

Dr. Earle said by experience he finds that he can get along with much smaller doses.

Dr. Winslow asked Dr. Gorgas if cocaine was used to any extent in dentistry.

Dr. Gorgas replied that his father had employed it both locally and injected into the gums, but it did no good.

Dr. Atkinson said hypodermic injecjections of cocaine for minor operations on the skin can be done very satisfactorily. He related a case where he had scraped an epithelioma of the face and the patient did not feel the slightest pain. He would not feel like discarding it from use.

Dr. W. H. Norris had often used cocaine very satisfactorily. On one case a female, he introduced a catheter without the slightest pain, where it was impossible to do so before the drug was used. He did not think that fainting symptoms were always due to cocaine. He had observed them where none of it was used.

Dr. Rohé has used it on the surface of the skin for electrolysis, in 5 per cent. solution. Some modification of sensation was produced, though slight. Epithelium of the skin seems to prevent absorption. He had used injections for scrofuloderma and did not get good results. Thought it due to the fact that he injected it into the tumor substance instead of around it.

Dr. Craighill thought the temperament of the patient should be considered. He had a patient to faint in his office while percussing his chest for examination for life insurance.

Dr. Samuel Theobald had obtained good results on the skin from injections of cocaine. He had had two patients upon whom he operated for cleft nose with good results. He also had used it on the eye-lids with satisfaction.

Dr. Winslow asked Dr. B. B. Browne if he had ever used cocaine in the vomiting of pregnancy.

Dr. Browne replied "yes," and in other forms of nausea, very satisfactorily. He gave it in the dose of ten drops of a 2 per cent. solution.

A NEW PROBE.

Dr. Samuel Theobald then described a probe, which he now uses made of aluminium. It has the advantage over silver of being lighter and more slippery. He related a case of stricture of the nasal duct in a patient who lived in the country and who could only come to see him occasionally. Each time she came the duct would be closed. He taught her to use the probe herself, which she does with ease, and she is now nearly well. Patients must be kept under observation in order to bring about cure.

CONCUSSION OF THE SPINAL CORD.

Dr. R. M. Hall related the case of a man, driver, who had jumped from a wagon with 75 lbs. of glass in his arms. It produced great pain in the lower extremities. When he first saw him patient was stiff from the abdomen down, no nausea. He administered an anodyne to him. The next day pain still great and manipulation produced intense pain below Poupart's ligament on the right side. The day following the left leg moved with ease. Right still stiff. He continued to grow better on anodynes. He made a diagnosis of concussion of the spinal cord and asked the opinion of the members of the Society in regard to it.

DISCUSSION.

Dr. I. E. Atkinson said that judging from the description Dr. Hall had given of the case, he thought the diagnosis was correct.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

REGULAR MEETING HELD FEB. 23, 1887.

The President, J. SOLIS-COHEN, M.D., in the chair.

Dr Charles Turnbull exhibited a patient presenting a

PERSISTENT PUPILLARY MEMBRANE.

I have brought before you to-night a case of unusual interest to ophthalmologists and to medical men in general. The patient has in his right eye what is known as a "persistent pupillary membrane." This is a remnant of fœtal life, but its exact structure has not been ascertained. Some consider it to be made up of atrophied bloodvessels, which have served their purpose. Other authorities hold that it consists of the remains of connective tissue through which bloodvessels pass. In this man's right eye there is a network of hair-like fibres occupying the outer half of the pupil. These fibres originate from the anterior surface of the iris, and interfere in no way with the constrictor muscle of the pupil. This form of congenital anomaly was first observed about 1735, and on an average about one case has been reported every five years since that time. I am indebted to Dr. P. H. Bailhache, of the U. S. Marine Hospital Service, for the opportunity of exhibiting this patient.

DISCUSSION.

Dr. E. Jackson said: This case is notable for the clearness with which it shows the relation between the membrane and the iris. In all the cases I have seen heretofore, as in this, the pupillary membrane has seemed to arise from the anterior surface of the iris; but in no other instance has the connection been so obvious, the membrane here appearing to be simply an extension of the anterior layer of the iris, and similar to it in structure.

Dr Turnbull said that the point referred to by Dr. Jackson is well illustrated in this case, and it settles the disputed question as regards the origin of these fibres. It is distinctly seen that the sphincter muscle is in no way involved. The membrane has no connection with the muscle nor with the inner pupillary margin.

Abstracts and Extracts.

BRAIN SURGERY IN THE STONEAGE—An interesting address was recently delivered by Mr. Victor Horsley, F.R.S., at the Royal Institution, on the subject ot "Brain Surgery in the Stone Age." Having referred to the fact that our present civilization is the outcome of man's working in stone, bronze, and iron in successive epochs, he said it was certain that as Troy was being overwhelmed by a race who had but quite lately learnt the real power embodied in the use of iron, and who were still clad in splendid bronze armour, the great nations of the north-west, whose surgical skill was his theme, were perforce content to satisfy their domestic needs with sharpened stone, while the luckiest among them but rarely owned a single metal instrument, even a bronze one. It was to him a most fundamentally important question whether the art of trephining had not reached a relativelyhigh development in Asia before its introduction into Europe, or whether it could have been really evolved as a definitely new procedure in France, whence we got the clearest evidence of its use. He leaned to the view that some light broke upon us from the history of its decline rather than from that of its rise. It was during the polished stone period that this branch of surgery especially flourished in France, while in the same age it was carried on in the neighboring European countries, though in a far less degree. Hence, whereas the Broca Museum of Anthropology in Paris contained about sixty specimens bearing on this point, including about 10 fairly complete crania, on the other hand the skulls operated on in all Europe besides could be counted on the fingers. Prof. Horsley having spoken of the domestic life and habits of the dwellers in caves,

showed, by reference to a manuscript of the 13th century, that the mode of perforating the skull adopted by the stone age peoples was either by scraping, drilling, or sawing the bone, the balance of evidence being in favor of the last process. He next showed that not only the pieces of bone which were removed, but also the edges of the holes thus made, were thought to possess beneficial, probably supernatural properties, and the fragments were worn as amulets. He further showed from the pathological evidence afforded by the specimens that the majority of the patients must have survived the operation. After fully describing the *technique* of the operation, the question as to the reason of its being undertaken was considered. He found that most of the operations appeared to have been performed on the vertex of the head, and that therefore they were probably undertaken to relieve depressed fracture. The lecturer then drew attention to the significant fact that the holes were also grouped, almost without exception, over the motor and epileptogenic region of the surface of the brain. He further suggested that since a depressed fracture in this region would almost certainly give rise to epilepsy, and at the same time occasion such local pain as to call for its removal for that reason alone, it was obvious that traumatic epilepsy would be relieved, if not wholly cured, by a trephining operation originally designed for nothing else but the relief of the fracture, a result which would certainly lead to wider adoption of the operation. The lecture was copiously illustrated by lime-light photographs of the trephined skulls and of the stone age implements. —*Brit. Med. Jour.*

Treatment of Eczema.—In the clinics of the St. Louis Hospital, Dr. Besnier dwelt upon the diagnosis, the nature, and the treatment of eczema circinatum of the sternal region.

This affection is for the most part marked by small, round, red patches. They are sometimes irregular from confluence, and present at their periphery a sort of border quite distinct, resembling a slight incision; this aspect is entirely characteristic, and takes away all doubt about the diagnosis. This eruption has all the external attributes of a parasitic disease, and numerous micrographic examinations have been made to discover its nature, especially of late. Only spores of various kinds have been found, but no parasites well characterized by special spores and mycelium. Until more definite information is obtained, we must regard it as a variety of eczema. Bazin called it acneiform eczema of the sternum, because certain of its eruptive elements resembled, in a measure, those of acne and are besides perifollicular. It is certain that subjects of an arthritic type are more inclined than others to this dermatosis. Without doubt, this is because of the abundance of their sudoriferous and sebaceous secretions. These secretions decompose upon the surface of the integument and thus become causes of irritation. To overcome this affection, it is necessary, according to Besnier. 1. To regulate the general condition of the patient, looking after the various functions of the body, and prescribing an appropriate alimentary hygiene. 2. To enforce cutaneous hygiene, removing from the skin the irritating products which sojourn upon its surface. 3. To suppress all other causes of irritation of the skin and particularly the direct contact of wollen and flannel clothing. The patient must bathe the affected portion of the skin each morning with warm water and soap without soaking the parts too much; then having powdered over with starch powder, a piece of old soft linen is placed between the skin and the undershirt. In most cases, these simple measures suffice to cause a disappearance of the eruption. If, however, it persists, we could prescribe an ointment. Dr. Besnier recommends especially in this case one of sulphur, for sulphur prevents the alteration of the products of the glands of the skin. Apropos of eczema of the hairy regions, especially of the hairy scalp, the same author remarks that the differential diagnostic sign between moist eczema of the scalp and seborrhœa sicca is the fall-

ing of hair in seborrhœa and its almost complete preservation in eczema, which is an affection penetrating less deeply. In women attacked with eczema of the scalp, an attempt must always be made to preserve the hair; this is difficult to accomplish, for the affection is particularly rebellious in regions where it penetrates into the hair-follicles. For this form treatment is begun by prescribing local sprays of tepid alkaline vapor, lasting for ten or twelve minutes. The hair is then to be done up upon the top of the head and a rubber cap applied to cover the whole scalp. This cap should be changed morning and evening and washed in cold water without soap. Each morning the spray is used upon the scalp to cleanse it well, and this is kept up so long as there is any need of an emollient medication for cleansing the scalp and calming the irritation; then ointments are to be employed. At times, however, we will not succeed with these proceedures and will be obliged to scarify the scalp. It is well understood, besides, that we are never to be content in these cases with local treatment alone; a careful examination of the patient must be made in order to determine, from the state of his organs or his constitution, the various indications that the physician should meet, in order not only to cause a disappearance of the lesions for the time but to effect a permanent cure.—*Journal Cut. and Genito-Urinary Diseases.*

The Treatment of Cold Abscesses by Iodoform Injections.—Dr. H. Reineking, of Franklin, Wis., writes to the *Medical Record*: Referring to your editorial on "The Cure of Cold Abscesses by Iodoform Injections" in the *Record* of March 12th, allow me to make, through the columns of your valued journal, the following statements concerning the method as practised at Professor Billroth's clinic.

Billroth uses a ten per cent. emulsion or mixture of iodoform in glycerine, and of this he injects forty to fifty grammes, equal to four or five grammes of iodoform, for each injection.

The abscess is tapped with a medium-sized trocar, the pus allowed to escape, but not washed out, the iodoform mixture injected through the same cannula, and a strip of adhesive plaster applied over the point of puncture.

Contrary to what is said to be the case when solutions of iodoform in ether are used, these injections cause absolutely no pain, except what is produced by the puncture, and the danger of distension through volatilization of ether, mentioned in your editorial, is excluded.

The injections should not be repeated as long as iodoform is excreted with the urine, which will sometimes be a number of weeks, or even months. I observed a patient at Billroth's clinic whose urine contained iodoform from an injection made over two months previous. The swelling was steadily diminishing. Months must often be allowed to show the full beneficial effects of an injection. Sometimes two or more injections are necessary to produce the desired result, but in general the final effects have been satisfactory at Billroth's clinic.

The advantages of this method often become especially apparent in cases where the cold abscess is seated at some distance from the original disease, or where the real seat of disease cannot be attacked, *e. g.*, in abscesses from Pott's disease pointing in the inguinal or gluteal regions, or thigh, and causing large, purulent cavities in these localities, while in just such cases the treatment by incision is often not too satisfactory.

As the results obtained by this iodoform and glycerine mixture appear to be quite satisfactory, there would seem to be no necessity for subjecting patients to the pain produced by the injections of the solutions in ether; and the one great objection to the use of iodoform injections mentioned in your editorial, viz., their great painfulness, can no longer be urged against their general adoption.

I do not find the method mentioned in the last (1885) edition of "Billroth's General Surgery." My statements are according to personal observations.

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BALTIMORE, APRIL 23, 1887.

Editorial.

EYE-STRAIN AND THE NEUROSIS.—When we consider, on the one hand, what serious disturbances an apparently trivial reflex irritation may produce, and on the other hand how intimate is the relationship between the orbit and the cranial contents, it becomes a matter of astonishment that the relation of eye-strain to many of the neuroses has not been more definitely made out. This apparent neglect may possibly be explained by the fact that for many years ophthalmology has been a distinct specialty, and the present generation of general practitioners knows little or nothing about it, and it is relegated almost exclusively to the oculist, whereas any physician feels himself capable of coping with epilepsy, chorea, or hysteria, consequently the two conditions have not been brought together except to a limited degree.

The paper of Dr. Stevens, read before the New York Neurological Society, March 1st, 1887, and which appeared in the *N. Y. Medical Journal*, April 16th, on this subject, is full of striking facts, and points to a new field of investigation. It has long been recognized that there exists a certain condition which may be called a neuropathic diathesis or predisposition. This statement needs no exposition; we are all familiar with patients, who under any undue emotion or excitement will manifest a tendency to some particular neurosis; one may have a violent headache, another an attack of hysteria, or an epileptic seizure.

Although many causes have been assigned to account for this predisposition, no satisfactory one has ever been given, and we may say that the cause is unknown.

Dr. Stevens takes the ground that in a great many instances the underlying condition is eye-defect. Of course it is necessary to examine a patient suffering from any one of the neuroses with great minuteness, knowing as we do the importance and frequent insignificance of the distant irritation, but the paper brings out the great preponderance of eye-defect as a predisposing cause over all others. A number of interesting cases are quoted by the author in support of his position, showing the great improvement, and in several instances perfect cure in *epilepsy*, *petitmal*, *chorea*, *hysteria and neuralgia* where the eye-defect, which in many instances consists of muscular errors, has been relieved.

In view of the frequency and intractibility of many of the neuroses, the importance of carefully examining the eyes cannot be to strongly insisted upon. The operation for the relief of muscular defect which is one of the most common of the conditions and easily made out, is a simple one and not apt, if carefully performed, to leave any bad effect. Dr. Ranney, in his remarks upon Dr. Stevens' paper presents the following conclusions:

1. I believe that eye-defect constitutes a very important factor in the so-called "neuropathic predisposition." It is not pretended that it is present in all cases.

2. In neurology the importance of this line of investigation is particularly marked in the so-called "functional" diseases.

3. I am satisfied that "latent" insufficiency exists in many cases, as well as latent hyperopia, which is to-day generally recognized. There are many indisputable facts which confirm this proposition.

4. We have no means of accurately determining, in any given case, the exact amount of abnormal tension which needs correction, as we can do in the case of latent refractive errors by atropine.

5. I believe that tenotomy of the eye-muscles by the Stevens method is a safe and satisfactory way of relieving abnormal tension if practiced by competent experts.

6. Prisms will not meet the requirements of many cases. I regard them, at best, as but a temporary makeshift.

7. A tendency to vertical deviations of the visual axes is of great clinical importance in nervous diseases.

8. Tests for the determination of muscular error should be made at a distance of twenty feet, in case operative procedures are to be based upon the error detected.

9. The attitude of the head of the patient should be carefully regarded while making these tests. A head-rest is of great value, in many cases, as an aid in making the tests.

10. Statistics show quite conclusively that the benefits derived from tenotomies performed upon the eye-muscles are permanent *when all errors are thoroughly rectified.* No case is to be considered as finally disposed of so long as muscular errors in the orbit are clearly shown to exist. If a relapse occurs, it is generally safe to presume that a renewed search will enable a competent observer to detect some errors which the patient did not exhibit when under observation. The existence of "latent" insufficiency explains how such relapses may occur.

11. It can be shown that repeated tenotomies do not impair the normal functions of the eye-muscles when a proper interval is allowed to elapse for a firm union of the divided tendon to the globe.

12. I believe that a careful regard to the details of the Stevens method of examination and operation, a thorough knowledge of physiological optics, and a full record of the results of every examination made of a patient's eye (combined with good common sense) will give equally good results in other competent hands as in those of its main supporters.

THE TITLE OF DOCTOR.—It has been suggested from time to time that the profession should qualify the M.D. by adding to it the medical college from which it was obtained, as for example M.D. (Harv., Univ. of Pa., etc). This has always seemed reasonable to us for the title means much or little. It is manifestly unfair for two young men to start out in life, one with a degree from some diploma manufactory, awarded after six months' attendance, the other justly proud of being a graduate of a college whose standard is high, and whose course is thorough. The objection has been urged that it smacks of advertisement. Why should it be esteemed an honor to write after an academic title *Oxon.* and *Cam.*, and a like privilege be deemed the profession degree?

Of course no one wants to parade the fact that such and such a college gave the M.D., and no one would think of putting it on his sign, but we can see no reason why it should not become the custom when the physician's name appears in print in connection with professional writing.

Miscellany.

THE ORGANISM PRODUCING DECOMPOSITION OF URINE.—Though it has long been known that the ammoniacal decomposition of urine is due to the splitting up of urea into ammonia and carbonic acid, by means of an organised ferment, the characteristics of this organism have not been accurately described. Many years ago Pasteur and Cohn describeda *micrococcus ureæ*, and last year Leube and Graser mentioned four organisms which had the power of decomposing urea into ammonia and carbonic acid. One of these was called by them *bacterium ureæ*; the others were a micrococcus and two species of bacillus. Dr. Robert Smith has lately published the results of his work at Brown Institution, confirming Pasteur's and Cohn's discovery of a *micrococcus ureæ.* Many kinds of organisms, as is well known, grow in ammoniacal urine, but by the modern methods of "fractional cultivation" and "dilution" Dr. Smith has separated them, and tested the action of each in decomposing urea. He found that the only organism which possessed

this power, was a micrococcus occurring singly, or sometimes diplococci, and growing in gelatine in minute dots. This micrococcus differs from that described by Leube and Graser in its property of liquefying gelatine during its growth. It may be the same organism as that described by Pasteur and Cohn; but, as these observers had not the advantage at the period of their investigations of the method of cultivation on gelatine, this point cannot be decided.—*British Medical Journal*, March 5, 1887.

A Contribution to the Surgery of the Lungs.—The fact that the surgery of the lungs is still in its infancy, and that the justifiability of an operation for pulmonary tuberculosis is as yet *sub judice*, is a sufficient apology for the notice of the following case, reported by Dr. A. Casini in the *Rivista Clinic e Terapeutica* for January, 1887.

The patient was a man forty years of age, an inmate of the Hospital for Incurables, at Naples. Examination revealed the presence of an apparently superficial cavity in the right mammary region, extending from the third to the fifth intercostal space. There were night-sweats, fever, cough, with purulent expectoration, diarrhœa, and all other general symptoms of tuberculosis. Examination of the sputa showed the presence of tubercle bacilli. Dr. Casini resected the fifth rib, and would have resected the fourth, but was obliged to abandon the operation temporarily on account of evidences of heart-failure. The following day the cavity was opened and washed out with a disinfectant solution, and was subsequently treated with insufflations of iodoform, and irrigations with a 1 to 1,000 solution of corrosive sublimate. The expectoration at once began to diminish in quantity, and within ten days had lost its purulent character, while no more bacilli were to be found. The patient was discharged, and returned for examination some months later presenting no symptoms of pulmonary or general tuberculosis.

Emboldened by his success in this instance, the author formulates the following conclusions:

1. Surgical intervention will arrest the tubercular process when it is circumscribed in the lung. Opening, evacuating, and washing out a pulmonary cavity is the same, saving the greater or less difficulty of the operation itself, as opening a tubercular cavity in bone, or excising a tubercular product in the skin.

2. A pulmonary cavity, when circumscribed, is to be regarded as a local tuberculosis and any extension, metastasis, or generalization of the disease may be averted by an early and a thorough removal of the mobid process.

We should hesitate to regard these conclusions of Dr. Casini in the light of axioms for the guidance of pulmonary therapeutists, if we may be allowed, for brevity's sake to speak of the latter as a distinct class of practitioners. But the case reported is an interesting and instructive one, by reason of its successful issue, and it is a valuable contribution to the literature of pulmonary surgery.—*Med. Rec.*

The Physiological and Therapeutic Action of Urethan.—Dr. A. P. Longovoi, of Moscow, gives (*Vratch*, No. 7, 1887, p. 179) the following summary of the results of his own experiments on the physiological and therapeutic effect of urethan. 1. The hypnotic effect of urethan manifests itself in different kinds of animals in different degrees. Thus, it produced a powerful effect on rabbits, while it acted very slightly on dogs. 2. Even large doses of urethan had not any marked poisonous effect on the heart, nor did they depress the arterial tension. 3. Breathing is quickened by urethan. 4. The drug is well borne by patients, has not a disagreeable taste, and does not cause any gastric disturbance. 5. Given in ordinary medicinal doses, urethan does not produce any unpleasant secondary effects, such as failure of the cardiac action, etc. 6. Its chief effect is on the brain; it does not seem to act on the peripheral nervous system. At all events, in cases of sleeplessness from cough or pains, it has no marked effect. 7. Urethan is not a powerful hypnotic, and in certain cases it is inactive or nearly so. Nevertheless, as it has no ten-

dency to produce any untoward secondary effects, it may be regarded as a fairly useful addition to our therapeutical resources. It is a useful hynotic in nervous insomnia, as well as in sleeplessness in the course of acute fevers.—*Brit. Med. Jour.*, Mar. 19, 1887.

Ichthyol.—Unna describes ichthyol as a very soluble preparation of sulphur having special properties, and producing effects of extraordinary importance. He considers this drug a powerful antiphlogistic, rapidly producing anæmia of all the tissues to which it is applied. It should only be employed, however, where the epidermis is unbroken, otherwise excessive absorption takes place, and phlyctenulæ or vesicular uruptions are the consequence. As an internal remedy for catarrh, it is administered in doses of 1 to 2 grammes for adults, and 20 to 50 centigrammes for children. Ichthyol is especially indicated in subcutaneous swellings and in inflammation of the skin where the epidermis is intact also, in rheumatism, and in most of the skin diseases. It may be used as an application in acne rosacea, at a strength of 2 per cent.; and in eczema and pruritus a strength of 10 per cent. gives very good results. Ichthyol should also be given internally in all affections of the skin.—*Brit. Med. Jour.*

Jumont on the Indications for and the Method of Using Nitro-Glycerine.—The pulse furnishes the best indication. The more wiry is the radial artery, the more readily will it dilate and the less will the accessory effects of the drug be felt. The fuller and more tense the artery is, the less effect will the drug have, and the weaker and more compressible the pulse is, the more are the accessory effects of the drug felt.

A one per cent. solution being used in the first instance, the dose should be one drop, in the second two drops, and in the third instance one-quarter to one-half a drop. In the case of women, children, old people, anæmic and nervous patients, very small doses should be prescribed.

Organic heart disease does not constitute a contra-indication for the use of the drug, but in atheromatous conditions of arteries it should be used with caution. —*La France Méd.*, Feb. 22, 1887.

The Aniline Treatment of Phthisis.—Dr. Kremianski's idea of curing tuberculosis by converting the blood into a dilute solution of aniline (*London Lancet*, March 5th,) has been tried by Dr. Nesteroff on a patient who was about to be sent south, with the result that he became rapidly worse and died in a fortnight. The Moscow Medical Society, before whom the matter was brought, was nearly unanimous in the opinion that the aniline treatment would not be merely useless, but positively dangerous.—*Lancet.*

Retention of Placenta for Twenty-two Months.—Dr. Rangé reports in the *Journal des Layes-Femmes*, January 1, 1887, the following case: A woman, thirty years of age, primipara, had a miscarriage in September, 1879, at the second or third month of pregnancy followed by severe and repeated hemorrhages. No doctor was called in, and little is therefore known of the circumstances or causes of the accident. The hemorrhage continued for some time, gradually getting less, and ceased entirely for four months, reappearing in April, 1880. Since that date the patient suffered constantly from severe abdominal pains, with red and white discharges, and a deranged state of the bowels. Matters mended to some extent, and the patient thought that she was getting well again when, in July, 1881, she was seized with labor-pains, and in two hours was delivered of a placenta in a state of putrefaction, about the size of the closed fist. She made a tedious but perfect recovery; this patient had had no marital intercourse since her miscarriage, and no doubt therefore is possible as to the reality of the placental retention having lasted twenty-two months. — *Medical Record.*

Antipyrine in Tetanus.—Dr. A. A. Elliott, of Steubenville, O., suggests the employment of antipyrine in tetanus.

His experience with it, he says, has been limited, but from its action in other conditions he believes that it should rank at the head of the list of relaxing remedies employed in tetanus.—*Med. Rec.*

Ether Spray in the Pains of Locomotor Ataxia.—Dr. Raison states that he has succeeded in completely controlling the pains of locomotor ataxia by means of ether spray directed against the most sensitive point and carried a short distance upward along the course of the nerve-trunk supplying the part. The application should be carried to the point of congelation of the skin, and its goods effects are increased by at the same time directing a current of air from a bellows upon the parts to which the ether spray is applied.—*Journal de Médecine et de Chirurgie Pratiques.*

Myxœdema in Berlin.—A case of myxœdema was exhibited at the Berlin Medical Society by Professor Senator, on February 9th. He remarked that this was only the second case observed in Berlin, the other having been reported by Dr. Reiss at the end of last year. Together with two cases described by Professor Erb, of Heidelberg, this case made the fourth reported in Germany. —*Lancet*, March 5, 1887.

The following is a formula for Hebra's (or Wilkinson's) compound sulphur ointment:

℞.—Calcii carbonat. præcip.	2	parts.
Sulphuris sublimat.	3	"
Olei cadoni	3	"
Saponis viridis	6	"
Adipis	6	"

Melt the lard at gentle heat. Then add the green soap and incorporate the other ingredients, stirring until the ointment is cold.—*Med. News*, April 16.

The Treatment of Erysipelas with Ichthyol.—Nussbaum ("Med. Press and Cicular," Jan. 26, 1887) has treated five consecutive cases of erysipelas of the extremities successfully with the application of ichthyol and vaseline. The rapidity of cure with this agent he explains upon the theory that the reducing action of ichthyol starves the nutrient soil of the cocci so that they can no longer thrive. The drug is not an antiseptic.

Increase of Tendon Reflexes in Multiple Neuritis.—A. Strümpell and P. J. Mobius ("Ctrlbl. f. klin, Med.," 1886, No 47), relying upon their observations in some undoubted cases of multiple neuritis, controvert the assertion that in that condition the tendon reflexes are diminished or absent. In their cases the reflex of the tendons of the muscles of the thigh and arm and shoulder-blade was exceedingly active. The skin reflexes were about the normal intensity. On the cure of the nerve inflammation, the reflexes of the affected muscles became less intense.—*N. Y. Medical Journal.*

Intra-Uterine Injections in Septicemia.—The value of antiseptic intrauterine injections in the treatment of puerperal septicemia has been so often proved that few physicians would dare to treat a case of the disease without resorting to them. Such injections constitute the causal treatment of the disease. Their employment, too, is indicated not only when the lochia become offensive, but also, independently of this, in cases of unequivocal septic infection; for such infection while usually associated with that condition, may occur without it, just as in rare instances a badly smelling discharge may be present and the infection absent.

The excellent paper, by Dr. Davis, in the late number of the *Medical News*, shows some of the dangers which may result from the use of corrosive-sublimate injections, and suggests means by which these may be prevented. It is probable, as Fritsch has pointed out, that the evil done by corrosive-sublimate injections is caused, not by the portion of the solution brought in contact, temporarily, with the uterine mucous membrane, whether that membrane be wounded or entire, but by that which remains in the uterus or vagina,

and from which the absorption is gradual and not immediate. To obviate this evil, after an injection is used, the operator ought to compress the uterus, so as to empty it completely, the free escape of the fluid through a patent cervical canal being secured. Further, he might wash out the vagina subsequently with water that has been well boiled, and thus prevent the retention of the corrosive solution. Were these precautions employed we would more rarely hear of serious symptoms following such injections. The strength of the solution in most cases need not be greater than 1 to 2000.

It is only exceptionally that more than two injections in the twenty-four hours are required. Continuous irrigation has been tried in these cases, but, like drainage has nothing to commend it, and therefore should not be employed.—*Medical News.*

Payment of the Czar's Doctor.—Dr. Schwenninger, the celebrated German specialist, who has undertaken to prescribe for the Czar with a view of reducing his corpulence, is to receive £1200 sterling, and this sum is not to be paid unless his Majesty really benefits by his system. If the Czar is not satisfied, the doctor is only to get £500 sterling and his travelling expenses.—*Medical Register.*

Epispadias in the Female.—R. Dohen, in the *Zeitschrift f. Geb. and Gyn.*, xii., 1, reports this rare case: Patient aged 18. Has dribbling of urine. Labia majora not prominent. Labia minora more prominent, and divided above, as also the clitoris. This organ consisted of two symmetrical halves, and at the base of these halves, at the site of the normal junction above, was the urethra, wide enough to admit the little finger. The operation for relief consisted in dissecting off a three-cornered flap, the apex of which lay at the mons veneris, and the other two angles out beyond the two halves of the clitoris. The clitoris prepuce was freshened on each side, and sutured together. Good union followed, and the meatus lay in its normal position under the clitoris. The girl improved slowly, and began to retain her urine, the tonicity of the vesical sphincter being stimulated by the use of electricity.—*Buffalo Medical Journal.*

Cerebral Hyperæmia when *active* and appearing suddenly, accompanied by abolition of consciousness, requires that the attending physician should act with the utmost promptness. So says Dr. J. Leonard Corning in the *Medical Gazette* for April 13. Supporting the head of the patient, by placing the left hand behind the neck below the occiput, he should make steady pressure upon the carotids with the thumb and index-finger of the right hand. If this manipulation be executed with proper adroitness consciousness usually returns, says he, in a few moments; care should, however, be exercised not to cause cyanosis by implicating the jugular veins. The withdrawal of a certain amount of blood by the application of leeches to the posterior portion of the neck or behind the ears is admissible in robust individuals, but should not be resorted to in patients of feeble or anæmic tendencies.—*Practice*, April 15.

Demonstration of a Patient on Whom Partial Removal of the Larynx had been Performed.—Dr. J. W. Gleitsmann demonstrated the case in the absence of Dr. A. G. Gerster, to whom he had sent the patient for operation. The man was fifty-seven years of age, and had consulted the speaker for increased huskiness of the voice, painful deglutition, and cough. These symptoms had grown worse since the time he had observed a swelling below the left ear. On examination, the speaker found a tumor, of about the size of a hen's egg, below the angle of the jaw on the left side, and, on intra-laryngeal inspection, a growth of about the size and shape of an almond involving the vocal band on the left side. The patient entered the hospital, where, on the 18th of March, 1885, Dr. Gerster performed a preliminary operation, removing the infiltrated submaxillary glands, and in

April removed the upper portion of the left half of the larynx (the diseased portion), leaving the right half intact. The patient was discharge May 31st, and has since remained in good health, now nearly two years. The tumor was a sarcoma.—*N. Y. Med. Journal.*

Medical Items.

Of 157 tracheotomies performed in the general hospital of Hamburg 69 are said to have recovered.

The American Neurological Association holds its thirteenth annual meeting at Long Branch, N. J., on July 20th, 21st, and 22d.—

Henry Hun, M.D., Harvard Medical College, 1879, has been appointed Professor of Psychological Medicine at the Albany Medical College, *vice* John P. Gray, M.D., deceased.—*Med. News*, April 16.

Professor Pean, like Bergmann and Guyon, performs the suprapubic section for stone. Every teacher and operator I have seen in Europe discards the perineal section. Crushing small calculi and removing larger ones by the high operation seems to be almost a universal rule at the present time.—*Cor. Chicago Med. Jour.*

It is stated that a number of the Committee of the Pasteur Institute have decided to refuse the site offered by the Paris municipality, and to purchase ground beyond the Mount Parnesse station for £17,200. They have also agreed on plans for erection of four buildings to cost £24,000.—*Brit. Med. Jour.*

Dr. P. V. Smirnoff has examined the seropurulent fluid aspirated from the inflamed knee-joint of a patient, aged twenty-eight in whom arthritis had developed about one month after his contracting gonorrhœa. Numerous groups of Neisser's microbes were found within the pus-cells. Hence the author comes to the same conclusion as Petrone, Kemmerer, and M. I. Afanasieff—that is, that the articular inflammation is caused by the gonococci entering the blood.—*Medical Record.*

Dr. Martin, of Berlin, operates with a rapidity that is wonderful. I have seen him remove an ovarian cyst and close the wound in seven minutes, and have frequently seen him do the operation inside of ten minutes. He considers dispatch a prime element of success, and thinks that Lawson Tait's idea of a small abdominal incision is an erroneous one. He thinks that too many assistants are bad, and tells of performing an ovariotomy entirely unassisted, those he depended upon being taken with a fainting fit and hence unable to perform their duty.—*Cor. Chicago Med. Jour.*

At a recent meeting of the Chicago Medical Society, Dr. Belfield exhibited a roll of chewing-gum, two inches long, partially encrusted with urinary salts, which had been removed from the bladder of a young man by Dr. T. W. Miller. The patient, suspecting he had a stricture, had explored his urethra with a well-masticated roll of chewing gum stuck upon the end of a broom straw. When the straw was withdrawn the gum had disappeared. Acute cystitis ensued. Attempts to detect and extract the gum with a small lithotrite having failed, perineal urethrotomy was performed and the gum extracted by the finger. The patient entirely recovered in two weeks.—*The Polyclinic.*

While the Royal College of Surgeons of England is hesitating about the establishing of a bacteriological laboratory in the capital of England, the Medical Society of Irkütsk, the capital of Eastern Siberia, has found no difficulty in adopting a scheme prepared by Dr. Eliashevitch, and a "bacterioscope station" will soon be in operation in the little Siberian capital, with its 40,000 inhabitants. The Kharkov Medical Society, moreover, has received from the Kürsk Government Jemstvo (country assembly) 1,500 roubles (about £150) for establishing a bacteriological laboratory in Kharkov; and, in addition, the Zemstvo promised to give 700 roubles yearly to support the institution. Perhaps these examples may cause some light to break in upon the more than Cimmerian darkness which reigns in Lincoln's Inn Fields.—*Br. Med. Jr.*

The Belgian Government, in consequence of requests made in the Chamber of Deputies, lately deputed three Belgian physicians residing in Paris—Drs. Grandjeau, De Bruyen, and Peeters—to investigate and report on M. Pasteur's method of preventive treatment of hydrophobia, and to report on the advisability of founding a Pasteur Institute in Belgium. The report of these gentlemen, as the Chamber has just been informed, is decidedly adverse to such a step. It was decided by the reporters that Pasteur's method is not as yet sufficiently established, and one of them, Dr. De Bruyen, doubted whether there was any efficacy at all in the treatment. In this last view, Van der Corput "Belgium's chief specialist," coincides.—*Brit, Med. Jour.*

At a banquet given to Mr. Theodore Metcalf, by the Boston Druggists' Association, Oliver Wendell Holmes gave his opinion of apothecaries as follows: "I have always had a great opinion of the medical advice of apothecaries. The truth is, they put up the prescriptions of all the best physicians in the place in which they live, and they have the very cream of all their wisdom at their fingers' ends. So, when I have myself been suffering from any slight bodily inconvenience, I am ashamed to say—or ought to be, perhaps—instead of going to a professional brother, I have quietly crept into the back room and asked Mr. Metcalf what such and such a doctor was in the habit of prescribing."—*Boston Med. and Surg. Journal.*

Original Articles.

VAGINAL PRESSURE IN THE TREATMENT OF CHRONIC PELVIC DISEASE.*

BY A. REEVES JACKSON, M.D., OF CHICAGO.

The brief paper, which I have to present this evening, was suggested by some remarks, with which the society was favored at its last meeting by Dr. Etheridge, entitled a "Preliminary Note on Antiseptic Tamponnement of the Vagina in the treatment of Pelvic Inflammation."

It would have afforded me pleasure to endose the treatment which was advocated at that time, had an opportunity been given for so doing, for I have had occasion to make frequent use of it, and to learn its advantages, during the past eight or nine years.

My attention was first called to this subject by reading a paper which was published by Dr. V. H. Taliaferro, of Atlanta, Ga., in 1877, on "The Application of Pressure in Diseases of the Uterus," in which the writer presented many facts and arguments to prove the great therapeutic efficacy of the principle of pressure as applied to the treatment of diseases of the uterus and other pelvic organs, which are characterized by habitual passive congestion and its results, namely, uterine displacement, relaxation, cervical erosions, menstrual disorders, etc.

The method consisted in firmly packing the vagina with sheep's-wool made antiseptic with carbolic acid, with the aid of a Sims' speculum, the patient being in the knee-chest posture.

At first Dr. Taliaferro used cotton pledgets, saturated with glycerine, but observing that the cotton packed quite hard, he very soon substituted wool because of its resiliency, a quality which it was found to retain under pressure and moisture.

In illustration of the results of this method of treatment he detailed a number of instructive cases in which it had been used by him.

In one of these, the patient was suffering from supra-vaginal elongation of the uterine cervix, complicated with complete cystocele and vaginal eversion, the involuted parts protruding from the vulva and forming a tumor of considerable size. The uterine canal measured six inches. The parts were restored and the vagina packed with cotton, a process which was repeated every two or three days for a fortnight, at the end of which time the depth of the uterus was reduced to three inches. Other symptoms were correspondingly improved. The patient who had been only able to drag herself along with pain and difficulty, could, after the first packing, move with rapidity and comfort.

She was subsequently cured by a plastic operation on the vagina.

A number of other cases, some of them furnishing results almost equally striking, were detailed by the writer.

Dr. T. strongly emphasized the importance of applying the tampon with the patient in Sims' position, in order that the vaginal canal should be distended and elongated to its utmost capacity. He further advised that the first few pieces composing the tampon should be of cotton, for the reason that a greater amount of glycerine may be incorporated with that substance than with wool. It was claimed that the therapeutic effects of this treatment are as follows:

1. It diminishes blood supply and nutrition.
2. It promotes absorption.
3. It removes hyperplastic tissue by retrograde metamorphosis.
4. It diminishes nervous action.
5. It rectifies malpositions.

I was much impressed by the stated results of the treatment, and determined to give it a trial. It seemed to promise a valuable substitute in some of the objectionable and uncertain methods of local treatment then and now in vogue, such as cauterization, local blood-letting, intra-uterine medication, iodine painting, hot douches, etc.

Since then I have used it in many cases of chronic pelvic disease, and am

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able to corroborate the favorable statements that have been made concerning its efficacy.

Dr. P. F. Mundè, who gives an abstract of Dr. Taliaferro's paper in his "Minor Surgical Gynæcology," edition of 1885, says: "Of the value of this steady elastic pressure and support in reducing the size of an engorged hyperplastic or (better still) subinvoluted uterus, and restoring the normal circulation to the edematous and congested pelvic cellular tissue, I have no doubt whatever; neither of the potent alterative effect of this pressure on old peritonitic or cellulitic exudations and adhesions."

I had not applied this dressing many times before I observed occasionally on removing the tampon that on various parts of the vaginal wall, and also around the os uteri, erosions appeared, sometimes bleeding slightly on exposure. I attributed this to the fact that the packing had either been too firmly or unequally placed.

In cases of moderate laceration of the cervix uteri, this accident is especially likely to occur if the packing is so applied about the vaginal portion in such a manner as to widely open the os uteri. Hence, in all such cases I endeavor to at first push the uterus upward with a single pledget, and then to pack the entire vaginal fornix about it so as to press the cervical labia together as much as possible.

When any part of the mucous membrane appears soft and succulent, I have found advantage in combining with the glycerine a solution of tannin or alum.

The contact of glycerine is not equally well borne by all vaginas, and in a few cases I have not been able to persist in its use on account of the irritation it caused. In these cases I find an excellent substitute in vaseline, which, although it does not produce the peculiar serous drain which comes with the use of glycerine, is unirritating, and makes possible the employment of the pressure, which is the more important element in the treatment.

When I first began to use this pressure treatment I chose carded wool, in accordance with the suggestion of Dr. Taliaferro. But it was difficult to obtain a well prepared article, and next to impossible to incorporate any considerable quantity of glycerine with it. I was obliged to use cotton for the upper part of the vagina. I next tried successively oakum and jute.

These substances were elactic—especially the former—and also antiseptic; the former containing tar, and the latter carbolic acid. However, since sheep's-wool has been so prepared as to be free from fatty matter, and is comparatively absorbent of water and glycerine, it more completely and perfectly meets the indications than any of the other substances I have named.

As regards the form of the tampon, I have used it both in single and multiple pieces, and unhesitatingly give preference to the latter in many cases. It is very important that the vagina be packed in such a way as to insure an equable pressure against every part. This cannot be so certainly done with a tampon made from a single piece, or a few large ones as with a number of smaller sizes. When moistened the pieces should not exceed a walnut in size. Time may be saved, however, and the object accomplished, by using a single piece of wool for the lower half of the vagina.

Commonly, the only medication I have used with the tampon besides the glycerine or vaseline, has been the occasional addition of tannin or alum. But when, for any reason, I have wished to have the dressing remain longer than two days, I have, after saturating the separate pledgets, rolled them in boracic acid so as to take up two or three drams of the latter.

The cases in which I have found this method of treatment especially beneficial are those which are characterized by soft engorgement—such as the earlier stages of subinvolution, with or without cervical laceration. In these cases I have seen more marked change effected in two weeks than is commonly seen in two months—or more than is seen at all sometimes—under the use of hot water douches, however perfectly and assiduously the latter may be used.

Permit a slight digression. Without wishing to disparage in the least the use of hot-water irrigations in the treatment of chronic pelvic inflammations, I desire to say that for some years I have held the opinion that the efficacy, great as it is, has been overrated. Indeed, they have been so eulogized that perhaps we have expected more from them than was reasonable. One serious drawback to their usefulness arises from the fact that the sittings cannot be continued usually for a sufficiently long time. If it were practicable to keep a stream of hot water playing against an inflamed or engorged tissue for thirty hours rather than thirty minutes, we should doubtless obtain more prompt and more permanent results. But as the hot-water douche is usually employed, its effects in constricting the over-full vessels are of short duration. I have seen a turgid purplish cervix subjected to a hot stream for forty minutes, at the end of the time it was pale and shrunken, at the end of another hour, the patient continuing meanwhile on her back, I have found the same cervix as turgid and as purple as before.

Now, just on this account, a manifest and very great advantage may be urged in favor of a means of treatment which, equally with the hot-water douche, has power to unload the vessels of their stagnant contents, and which may be continued day after day and week after week, without remission and without reaction. Such a means is, I believe to be found in this persistent pelvic pressure and tissue drainage.

Were it needful I could cite many cases illustrative of the beneficial effects of this treatment, but will content myself with but two.

Case I.—A married woman, 34 years of age, had two children at term, and subsequently a miscarriage at the fifth month. After this latter event menstruation became more profuse and the periods were protracted. At the end of two years her general health was impaired and she was markedly anæmic. Ordinary remedies were used without success. At my suggestion, her physician curetted the interior of the uterus, and then swabbed the cavity with Churchill's solution of iodine. Febrile symptoms followed, and lasted a week. Temporarily there was improvement as regarded the hemorrhage; but in three months she was worse than before, and rarely free from a bloody discharge. It was then determined that I should repeat the curetting. Remembering the inflammatory sequel to the operation, I was moved to pack the vagina a few times as a preparatory measure. She was flowing when the packing was placed. When the latter was removed at the end of forty-eight hours, the only appearance of blood was a slight staining of that portion of the tampon which had been pressed against the os uteri. Another tampon larger than the first, was placed carrying the uterus as high as possible in the pelvis. On its removal two days latter no blood at all was perceptible. This treatment was continued three weeks, combined with suitable medicinal and hygienic means, with the result of permanently stopping the hemorrhage, and the ultimate restoration of the patient's health.

Dr. Mundé, in speaking of this means of treatment in connection with another class of cases, uses these words: "When the retro-displaced fundus uteri is adherent, these daily emollient and hydrogogue tampons may in time, by their combined pressure and alterative action, bring about the absorption, or at least stretching, of the adhesion, and permit a replacement of the organ." I submit a case in point.

Mrs. J. aged 24 years; had several induced abortions; no child at term. Had been treated for displacement by pessary with apparent benefit. After a time the symptoms returned, and the physician introduced a larger instrument. It caused pain at once, and in a few hours there was a chill and then rise of temperature. I saw the patient next day and advised the removal of the instrument, which was taken away. It was a very large one. A sharp attack of inflammation ran its course in ten days. No abscess formed. A few weeks later I found the uterus retroverted and the fundus immovably fixed by adhesions in

its mal-position. At the request of the attending physician I then took charge of the patient. The treatment consisted wholly in the use of tampons of cotton with glycerine and boracic acid. The pledgets were small at first, and were placed in the posterior vaginal fornix, pressed into position with as much force as the patient could readily bear. The pledgets were increased in size and others were placed in front of the cervix. The vagina was packed below more and more fully and firmly each time with wool, until the canal was distended to its utmost capacity. At first the dressing was renewed daily, then every two days. At the end of two months the uterus was thoroughly replaceable, all tenderness had disappeared and no evidence remained of the former presence of adhesions.

BRONCHO-PNEUMONIA VERSUS NEMATODA.

BY L. C. CARRICO, A.M. M.D.,
HUGHESVILLE, MD.

The history of the following case, the symptoms of which so closely simulated those of broncho-pneumonia, may not prove uninteresting.

I was called to see M. M., æt. 3, on March 9th, and obtained the following information, viz.: That the little patient was just recovering from an attack of whooping cough and that on previous days complained of chilliness which was soon followed with fever and much difficulty in breathing.

Upon seeing the little one I observed the breathing to be very rapid, superficial and labored; respiration 52, pulse 140, temperature 103⅘, and cyanosis extending over the entire face. On auscultation *râles* were found abundant over the chest, but the examination was not satisfactory owing to the excessive dyspnœa and fretfulness of the child.

From the previous history of whooping cough, and the initial symptoms of the attack, as well as the sensible signs, broncho-pneumonia was promptly diagnosticated and an emetic exhibited with the most happy results.

The vomiting brought up a full-grown round worm nine inches long, much to the relief of the little one, and to the gratification of the parents, who had been given an unfavorable prognosis.

The dyspnœa at once disappeared and an uniterrupted recovery at once began, careful auscultation then revealing a slight attack of bronchitis.

The dyspnœa was doubtless due to the parasite having crawled up into the larynx and thus made suffocation so imminent.

Society Reports.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, HELD APRIL 7TH, 1887.

The President THOMAS M. DRYSDALE, M.D., in the chair.

Dr. B. C. Hirst read a paper on

THE ETIOLOGY AND TREATMENT OF CASES OF SO-CALLED LATE INFECTIONS IN THE PUERPERAL STATE.

He said: The title of this paper is, I fear, too pretentious. Its object is merely the brief relation of four cases of so-called late infection in the puerperal state, all, I believe, due to the same cause, all yielding to the same treatment and conveying, therefore, a lesson of some little interest and value. The first case was a young primipara delivered without difficulty after a moderately long labor. She left her bed on the eleventh day, having had no fever and having manifested no unusual symptom. Two days afterward her cervix was exposed to view by means of a bivalve speculum and slight laceration was discovered, healing by granulation. The following morning, the fourteenth day after delivery, the patient was unwell, her temperature 102°; large doses of quinine were given, but the temperature rose to 103°, where it remained

with slight morning remission for two days. A more careful examination being made, it was discovered that the uterus was unusually large, that the os was patulous, that there was a foul-smelling discharge and considerable abdominal tenderness. The history of the case with these symptoms pointed to the retention of membranes, possibly a portion of the placenta, and their subsequent decomposition originated by the admission of air to the vagina and uterus by the use of the speculum. Acting upon this diagnosis, the uterine cavity was lightly scraped out with a dull curette and a large quantity of decomposing decidua removed. This was followed by an intra-uterine injection of bichloride of mercury through a Bozeman's double catheter. The woman's temperature at the time was 103°. The following morning it had sunk to 99° and within twenty-four hours was normal, and so remained.

The second case was also a primipara. The labor was terminated by the forceps. Upon the eleventh day the woman, although perfectly well until that time, had a morning temperature of 101°, rising in the evening to 102°. The uterus was found larger than it should have been. The os was patulous and there was a fœtid discharge. Profiting by the experience gained in the first case the uterus was curetted and a considerable amount of decidua removed, and an intra-uterine douche given. In this case the womb almost at once contracted and the discharge ceased; but the patient had, unfortunately, an exacerbation of a tubercular trouble in one lung, which kept the temperature high for some days.

In the third case, also a primipara, after an instrumental labor, and an apparently normal lying-in, the temperature rose on the twelfth day to 99.8°, and on the following to 100°. At the same time a fœtid muco-purulent discharge made its appearance. In this case a very large quantity of decidual membrane was removed and the scraping was repeated on the following day, whereupon the temperature fell to normal and the discharge ceased. The fourth case was a primipara, who on the sixth day, after an easy labor, had a temperature of 100°, although previously there had been no fever; the uterus here was very large, the os quite patulous, but in this case there was not much discharge. The same treatment was employed that had proved successful in the other cases, with the result of reducing the temperature within twenty-four hours to normal, where it remained.

Now this experience is entirely too limited to enable one to come to a definite conclusion as to the cause of late infection in the puerperal state, but these cases suggested to my mind the possibility at least that the retention and subsequent decomposition of shreds of membrane or fragments of placenta will be found to be the most frequent cause of fever late in the puerperal state, and that if not interfered with this condition may lead to septicæmia and pyæmia. Other causes of fever late in the puerperal state are of course well known. Partially healed wounds of the cervix, vagina and perineum may be torn apart and the fresh wounds thus produced may give entrance to the germs of septicæmia. Exposure to an atmosphere impregnated with emanations from sewers or water closets, from bad sanitation may give rise to febrile diseases at any time during puerperium, as proved in the case related by Dr. Playfair in a recent English journal. There is a possibility that the pyogenic micro-organisms which may carry on their work in the uterine cavity without serious consequences to the patient, may in the tubes manufacture their product, pus, in such quantities that it cannot be drained off, thus producing an abscess that may possibly open into the peritoneal cavity. There is still more remote possibility that a pyo-salpinx may be developed late in the puerperium by other pathogenic micro-organisms, by those of gonorrhœa, of tuberculosis, or even those of actino-mycosis. Finally any of the febrile diseases that may attack a woman at any time may fasten themselves upon her during the lying-in period, but, as I have already said, it seems to me that the most common cause of late infection

in the puerperal state is the decomposition of retained membrane or fragments of placenta, and that, therefore, the curette and the intra-uterine douche might be employed as a routine treatment in all cases where there occurs late in the puerperium, fever associated with a large uterus, a patulous os and foul-smelling discharge. This treatment can do no harm but may effect much good. My own experience in this direction is however limited, and upon this point I would like to have the opinion of the society, whose experience collectively and individually must be greater than my own.

THE ANTISEPTIC PAD.

Dr. Hirst exhibited the antiseptic pad used by Richardson, of Boston, and Garrigues, of New York, to prevent the entrance of pathogenic germs to the vagina after labor.

DISCUSSION.

Dr. Parvin must confess that he was not impressed with the necessity for the antiseptic pad, believing that as good results could be had from antiseptic napkins. The oiled silk or muslin used in making it, it seemed to him, might hinder the ready escape of the lochia. After labor the vagina is practically a closed canal, open only for the egress of uterine discharge, and disease germs cannot enter unless the canal be opened by some manipulation of the nurse or physician, as in giving a vaginal injection or in making an examination. It seems to be needless to completely close the vulva, and it seems possible that such closure hinders the escape of the lochia. But be this as it may, if the vulva is carefully washed twice a day with an antiseptic solution, if napkins, that have been wrung out of a 1 to 2,000 corrosive sublimate solution, are applied over it, changing them more or less frequently according to the amount of the flow, he thinks as good results can be had as by using the antiseptic pad. Moreover it seemed to him doubtful whether antiseptic pads, though they have proved very useful in maternities, will be readily accepted in private practice, especially in the country. In regard to the results in hospital practice from the use of antiseptics, he has no doubt of their value, and should insist upon their employment. So, too, in private practice he has used them, and has for some years, but it is only comparatively recently that I have learned how they should be used.

Dr. Parvin objects to the glass tubes for intra-uterine injections. Take for example Chamberlain's, and especially that of the late Albert H. Smith, and they will be found too large for use in some cases where injections are required. Then too, the liability of glass to break is to him a conclusive argument against the introduction of an instrument made of this material into the uterus or into the vagina. The best instrument, he believes, is Bozeman's catheter. Formerly it was his custom to wait in cases of septic infection until the flow was offensive, and then at first to endeavor to correct the condition by vaginal before resorting to uterine injections. He now knows that is wrong, for the patient may perish or have a protracted illness and then make but partial recovery without the lochia at any time having an offensive odor. Within a year he has seen in hospital practice and in consultation eight cases of septic infection where the happiest results were promptly had from antiseptic solutions injected into the uterus. Most, if not all, of these patients probably would have recovered without these injections, but this recovery, judging from similar cases, previously observed by him, would have been slow, possibly imperfect and after a more or less prolonged period of suffering upon their part, and of anxiety on the part of the practitioner. We have in antiseptic uterine injections the essential and the almost invariably successful treatment of puerperal septicæmia, if this treatment be begun soon enough and properly carried out.

Dr. Barton inquired if the antiseptic pad was applied dry or moist.

Dr. S. M. Drysdale, while conceding the importance of antiseptic precautions in hospital thought the advantage of

these measures in private practice more difficult to prove. Until he relinquished obstetric practice, in 1874, he had met with but five cases of puerperal fever in over two thousand deliveries, and in none of these women were any antiseptic precaution used, other than cleanliness, as they were not then known.

Dr. Longaker believes with Dr. Hirst in the great utility of intra-uterine post-partum medication. Dr. Hirst has neglected to notice in an agent which he Dr. Longaker has the greatest confidence. Iodoform as used by Ehrendorfer, of Vienna, in the form of 100 grain pencils. One of these is introduced into the cavity of the womb after irrigation, it dissolves very slowly and continues to medicate the entire utero-vaginal canal for forty-eight or seventy-two hours.

In removing shreds of membrane, after labor at term or after an incomplete abortion, he uses the finger and prefers it to any form of curette he has used. Theoretically he would prefer a glass tube for intra-uterine irrigation chiefly for the reason that it is more easily cleaned and kept clean. Hitherto he has always used the Bozeman canula, the only objection to which is the difficulty of cleaning, and hence a possible danger of carrying sepsis from one case to another.

Dr. Baer emphatically endorses what has been said in favor of Bozeman's tube for intra-uterine irrigation, and against the glass tube. The return current is sure and the small size of the instrument, as compared with the glass tube renders the introduction easy and safe.

Regarding the pad exhibited by Dr. Hirst. If he believed the theory that the atmosphere is constantly impregnated with germs which poison whenever they come in contact with open vessels, he would certainly advocate the use of an impervious covering for the vaginal orifice. For the theory teaches that where there is no contact with the air there can be no sepsis. But he does not believe this fully. Therefore he thinks it safer to place the napkin under, and not over the vulva so as to permit as perfect drainage as possible, thereby giving free exit to the lochia by making of the vagina a drainage tube, its natural function after parturition.

Dr. Hirst remarked that the pads were used dry by Dr. Richardson and moist by Garrigues.

LABOR COMPLICATED BY LARGE HARD HEADS.

Dr. M. Price was called to this patient three weeks before her delivery. She informed him that she was in labor and that her time had expired. Examination showed the cervix but little dilated, the os not being larger than a silver quarter. There was quite a discharge from the vagina. The pains were at short intervals and were unquestionably labor pains. The woman was in good condition and he had no doubt that labor would go on. He left, giving instructions to send for him if the pains increased and that if not sent for he would call next day. He had attended this woman in two previous pregnancies, both children being large and the labors tedious, so he anticipated that this one would be a slow labor. The next day the pains were less than on the previous day and there was no change in the cervix. He did not hear again from her for three weeks when the husband called and stated that his wife had been in labor all night and all day. He now found the cervix wide open but the presenting part of the child so high up that he was not able to say what part was presenting. Passing the entire hand into the vagina he found a vertex second, but the head would not engage. After waiting two hours he found the head had been pushed to the side of the pelvic inlet with the occiput resting on one side and the neck and shoulders on the other and determined to ascertain the difficulty. He pushed his hand up into the womb, and had no difficulty in bringing the head back to its first position, but found that it was so completely ossified. There was no pulsation in the cord that he could detect and he at once determined to deliver by turning as he thought he could deliver the child in that way sooner

than any other. He at once secured the feet and soon had the body and arms delivered. The forceps were applied to the after-coming head and it was delivered after quite a pull at the superior strait, but with ease through the soft parts without the instruments. There was no injury to the mother and she made a rapid recovery. The child was stillborn. Its head measured sixteen in occipito frontal circumference. There can be no doubt that the mother's pelvis is much above the average size as a head perfectly ossified could not have passed through a pelvis of less than sixteen and one-half inches, the soft part would take up at least one-half inch. Standard authorities give the circumference of the female pelvis at the inlet at from thirteen to thirteen and one-half inches.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

Eighty-ninth Annual Meeting, held at Baltimore, April 26, 27, 28, and 29, 1887.

(Specially Reported for the MARYLAND MEDICAL JOURNAL.)

TUESDAY APRIL 26.—FIRST DAY.

The eighty-ninth annual session of the Medical and Chirurgical Faculty of Maryland was convened in the Hall of the Faculty, corner St. Paul and Saratoga Streets, on Tuesday, April 26th at 12.30 o'clock, P. M. The President, Dr. G. W. Miltenberger, presided over the meeting. After the reading of minutes of previous meetings, by Dr. G. Lane Taneyhill, the President read his annual address.

PRESIDENT'S ADDRESS.

After referring to the honor conferred on him by the Faculty and expressing his high appreciation of the same, the President remarked that there were few names on the roster of older date than his, which went back to 1840, since which time the science and art of medicine have been entirely revolutionized and the personnel of the profession entirely changed. He remarked that did time permit it would be a labor of love to recall the lives, efforts, courage and devotion of those who have so worthily performed their professional duties and have gone over to the majority, but there are so many topics of interest connected with our profession at the present day in all its phases, so many changes in its study, in its character, in its interests and connected with its growth and development which demand our time and attention. No period of the World's history has more richly merited the the title of an "Age of Progress." In none have art and science more rapidly advanced; in none have the wider interests of humanity more forcibly addressed themselves to the best minds and feelings of their generation. While we may revere the past and willingly cull from its garners, whatever may be sustained by the light of present knowledge, we no longer are blindly governed by precedent. We have been living long enough to know how little we know. We have lived long enough to know that self-presumption and dogmatism are neither knowledge nor wisdom; we subject every fact to direct observation and every advance is forced to stand the test of persistent and enlightened criticism. Sir Henry Holland has well said, "This century is the century of criticism and experiment." It is therefore the age of transition. The address dwelt at some length upon the various phases of modern progress and the character of work which is now being done, as contrasted with the methods and results of former ages of the World's history. The acquisitions of the past fifty years have unquestionably more than doubled those of the previous fifty, and as far as we can see will in the future augment in constantly increasing ratio. The sciences of biology, of morphology, of physiology and of embryology have come into existence during this period. Whilst pure science has thus grown the art of medicine has made equally satisfactory progress. The various steps of this progress were referred to. The new methods and instruments of precision which have played so large a part in our progress were re-

ferred to as acquired new powers. These numerous advances called forth the latest utterances of the lamented Flint. "The medical profession have reached a high ideal position when the physician guided by his knowledge of diagnosis, the natural history of disease and existing therapeutic resources, may, with neither self-distrust nor the distrust of others, treat acute diseases by hygenic measures without potent medication. When this time comes, a system of practice which assumes to subtitute medicinal dynamics for the *vis medicatrix naturæ* will have been added to the list of by-gone medical delusions." An approximate idea of the advances and accumulations thus made in this time may be gained from the following statement. In 1881 it was estimated that one-thirtieth part of the whole mass of the world's literature belonged to medicine and its allied sciences. Our medical literature then formed over 120,000 volumes and about twice that amount of pamphlets. This accumulation is increasing at the rate of 1,500 volumes and 2,500 pamphlets yearly. What this immense accumulation will amount to 1,000 years hence, no one can now calculate.

The address next considered the relations of specialism to medicine, and presented a clear exposition of this subject. Specialism is but the outgrowth of our vast increase of knowledge which demands a division of labor and perfection of individual effort. It imposes greater labor and corresponding responsibility upon professional workers.

The next subject referred to was in the nature of a plea for unity of effort, earnestness of purpose, honesty of work and observation, and charity in our professional relations. The responsibilities of professional work were carefully stated; the dignity of our profession, our relations to society and our obligations to cö-workers in the same fields of labor were frankly setforth.

The address closed as follows: "In conclusion I feel I can not do better than adopt in word and spirit this advice of one, who, as scholar, as physician, as author, in his personal, professional character is the peer of any of the noble spirits who have adorned our ranks, Sir James Paget. 'And then let us always remind ourselves of the nobility of our calling. I dare to claim for it, that among all the sciences, ours in the pure act and use of truth offers the most complete reunion of those three qualities which have the greatest charm for pure and active minds—novelty, utility and charity. These three which are sometimes in so lamentable a disunion, as in the attractions of novelty, without either utility or charity, are in our researches so combined that unless by force or wilful wrong they can hardly be put asunder. And each of them is admirable in its kind, for in every search for truth we can not only exercise curiosity and have the delight, the really elemental happiness of watching the unveiling of a mystery, but on the way to truth, if we look well around us, we shall see that we are passing among wonders more than the eye or mind can fully apprehend. And as one of the perfections of nature is that in all her works, wonder is harmonized with utility so is it with our science. In every truth attained there is utility either at hand or among the certainties of the future. And this utility is not selfish; it is not in any degree correlative with money-making; it may be generally estimated in the welfare of others better than one's own. Sure you may, instead, make money and grow rich, but many of those that administer even to the follies and vices of mankind can make more than we. In all things costly and vainglorious they would far surpass us if we would compete with them. We had better not compete where wealth is the highest evidence of success; we can compete with the world in the nobler ambition of being counted among the learned and the good who strive to make the future better and happier than the past. And to this we shall attain if we will remind ourselves that, as in every pursuit of knowledge there is the charm of novelty and in every attainment of truth utility, so in every use of it there may be charity. I do not mean only the charity which is in hospitals or in the service of

the poor, great as is the privilege of our calling in that we may be its chief ministers; but that wider charity which is practiced in a constant sympathy and gentleness, in patience and self devotion. And it is surely fair to hold that as in every reach for knowledge we may strengthen our intellectual power, so is every practical employment of it we may, if we will, improve our moral nature. We may obey the whole law of Christian love, we may illustrate the highest induction of scientific philanthropy. Let us then resolve to devote ourselves to the promotion of the whole science, art and charity of medicine. Let this resolve be to us as a vow of brotherhood, and may God help us in our work.'"

At the close of the President's remarks Dr. James Carey Thomas arose and offered a resolution of thanks for the able and instructive address and a request that the same be given to the committee on publication for insertion in the annual volume of Transactions. This resolution was unanimously adopted.

REPORTS OF OFFICERS AND COMMITTEES.

Under the call for reports the Corresponding Secretary, Dr. T. Barton Brune, presented a report stating that he had conducted the correspondence of the Faculty and had performed other duties pertaining to his office to the best of his ability.

TREASURER'S REPORT.

Dr. W. F. A. Kemp, Treasurer, read his report which gave at some length the financial status of the Faculty, and other facts pertaining to his office. The amount received by the Treasurer during the year was $1,767.26. The disbursements were $2,043.53. The assets of the Faculty are as follows: Building Fund account, $192.40; value of the Library (estimated) $9,500; due from members $450. The liabilities of the Faculty are $276.27

During the year twelve members had been added to the roll-call; losses by resignation were two; by death 4, and for non-payment of dues 5, making a total loss of 11.

REPORT OF THE EXECUTIVE COMMITTEE.

The report of this committee was read by the Chairman, Dr. P. C. Williams. The report presented a statement of the work of the committee during the year.

REPORT OF PUBLICATION COMMITTEE.

This report was presented by Dr. G. Lane Taneyhill, Chairman. The committee has expended $329.18 in publishing the annual volume of Transactions and in reprint of address. Copies of the Transactions were mailed to all the State Medical Societies and to many medical journals and societies throughout the world.

REPORT OF BOARD OF EXAMINERS FOR THE WESTERN SHORE.

This report was read by Dr. C. H. Jones, Chairman. The following names were presented: Dr. Howard P. Hopkins, of New Market; Dr. L. A. Griffith, of Upper Marboro; Drs. J. H. DeWolf, W. H. Thompson and W. B. Billingslea, of Baltimore City.

DELEGATES FROM STATE SOCIETIES.

Dr. W. B. Ulrick, a delegate from the State Medical Association of Pennsylvania, was introduced by the President. Dr. Ulrick brought greetings from the profession in his State. In a neat address he outlined the work now being done in his State in suppressing quackery and in elevating the tone of the profession. He urged unity of action and fidelity of purpose in the great work of reform in medical legislation.

REPORT OF LIBRARY COMMITTEE.

Dr. B. B. Browne made the report of the library committee. The library has now 5,882 bound and unbound volumes. Of these 680 are duplicates and 882 were added during the year. There are

nearly 4,000 pamphlets. The committee received $569.86 and expended $569.02.

REPORT OF SECTION ON SURGERY.

This report was presented by Dr. J. E. Michael. Dr. Michael in lieu of a presentation of the year's progress in surgery read a paper in which he gave a report of nine successful external perineal urethrotomies performed without a guide. He offered the following summary.

There were in all nine cases in which the perineal section without a guide was done as follows:

Old perineal contusion Case I. 1.

Old gonorrhœal strictures, Cases II, III, V, VI, and VIII. 5.

Old pelvic fractures, Cases IV and IX. 2.

Recent pelvic fracture, Case VII. 1.

The operation was completed at one sitting in seven cases; in two in one case, and in three in one case. All the patients recovered from the operation. Two have died since, one about a year after operation (Case III) from cancer, another (Case VIII) from tuberculosis of lungs and bowels six months after the operation. This patient had also a perivesical abscess. In two cases it was necessary to make a permanent fistula on account of apparent obliteration of bulbo-membranous portion of the urethra. In four cases (II, IV, V, and VI) the wounds closed entirely and in two (VII and IX) the wound has not yet closed, but there is a fair probability that it will in time.

Van Buren says of this operation, "Few operations in surgery are more formidable than this one of external perineal urethrotomy *without a* guide. The surgeon who approaches it should be thoroughly at home in the anatomy of the perineum and even then should be prepared for a possible failure." I can say no more with reference to it than it only needs experience to make a man appreciate and concur in the view expressed by the eminent teacher. The operation requires time, light and practice and should not be undertaken without having several hours of good daylight before one. Where there is a portion of urethra of normal size or dilated, and with normal relations behind the stricture, the operation will not usually be long. I have reached and opened the urethra in twenty-five minutes after making the first incision, as in Case VIII. But where there is much scar tissue to deal with and especially where the normal relations have been in large part obliterated, as is usual in cases of old pelvic fracture, or traumatic stricture generally, the landmarks are destroyed and one must patiently feel his way through the tissues trying his probes and bougies at every possible opportunity. I have worked patiently from two to four hours, as in cases I and IX, only to be rewarded by failure, at least for the time.

I have usually found hemorrhage moderate and easily controlled by temporary pressure and hot douches, but sometimes as in cases VII and IX (2nd op.) it is not only annoying by obscuring the field of operation but is a grave contingency when not amenable to the mild remedies just mentioned, not so much on account of the actual loss of blood, as on account of the necessity of the long continued application of pressure and consequent interference with drainage. It is well to ligate any vessel within reach upon which a ligature can be placed, for as the wound is left open the number of ligatures is of no consequence, and only to use continuous pressure in case of necessity. In the two cases in which I was compelled to employ it there were bad results in the way of infiltration and abscess which I was much inclined to attribute to its use.

In ordinary cases the drainage of the wound is perfect in the usual position of the patient in bed, if the incision be made boldly and well down toward the verge of the anus. I thought it necessary in only one case to use drainage tubes. This was case VII in which there were large irregular cavities all around the bladder, which were filled with blood clot at the time of the operation and promised a bountiful supply of pus. The nature of these cases, the wound, the proximity to the bowel and

the constant necessity of voiding urine make it impossible to carry out the antiseptic technique which I am very fond of using under ordinary circumstances, and I depend on loose and frequently changed dressings with plenty of washing and complete drainage as the next best thing. The presence of albuminuria and signs of kidney involvement does not contraindicate the operation. It necessarily adds to its gravity as it does to any other surgical procedure, and perhaps more than to any other, but I am convinced that in cases of old impassable or even very tight stricture of the deep urethra where the irritability of the patient is manifested by frequent chills and high fever after each attempt to pass instruments, a free opening into the bladder and good drainage and local treatment of that viscus is good surgery and will be followed in most instances by such beneficial results as occurred in cases II and V. Cutting the stricture from behind is then a matter of small consequence, as for a day, at least until the wound shall have had time to glaze over, the urine passes by the perineal opening, and the wound in the penis is left clean, a condition far different from internal urethrotomy under the same conditions. Indeed I am gradually leaning toward the opinion that there are many old hard resilient strictures through which an instrument of considerable size can be passed which would be best treated by perineal urethrotomy. The after-treatment of these cases is quite simple and based on general surgical principles. It is only rarely necessary to use a retentive catheter and it should not be done when it can be avoided. I thought it necessary earlier in my experience and used it in case I under circumstances in which I would not use it now. In case VIII thought it necessary on account of the complete severance of the bladder from all anterior connection. When used a soft rubber instrument should be selected as less liable to collect phosphatic concretions and not so irritating to the patient's bladder. Completion of the operation should mean that the surgeon can pass a full-sized sound through the urethra into the bladder, without hitch or difficulty. As the case draws to a conclusion the proper sized cervical steel sound should be procured by the patient and the surgeon should carefully instruct him how to use it for unless he continues to dilate the canal occasionally it will usually recontract and the patient will be in as bad a state as before with the addition of a new supply of cicatricial tissue.

(*To be continued.*)

Birth and Death-rate in England and Wales—The report of the Registrar General for 1885, just issued, shows that the births of the year were 32.5 to the 1,000 persons living; the lowest number recorded since 1848. With the exception of an insignificant rise in 1884; the rate has fallen continuously year by year since 1876. The male births were 455,809, the female 438,461. It is satisfactory to learn that the long-continued fall in the marriage rate has led, for 1885 at least, to no increase in the number of illegitimate births. On the contrary, the decline under this latter heading has beaten the record in the most encouraging way. The deaths of the year lag behind the births in a way that precludes all anxiety for the immediate future of the race. They were in proportion of 19.0 to the 1,000—with one solitary exception, the lowest yet recorded. Among the deaths were 63 of reputed centenarians, 19 of whom were males and 44 females. The death-rate in the urban population was 20.0 per 1,000, and the lowest on record, while that of the rural population was 17.5, a slight increase.—*Jour. of Amer. Med. Asso.*

Bismuth for Sweating Feet.—M. Vieusse states that excessive sweating of the feet, under whatever form it appears, can be quickly cured by carefully conducted friction with subnitrate of bismuth, and even in the cases where this suppresses the abundant sweating only temporarily it still removes the fetidity which often accompanies the secretion. —*The Med. Register.*

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BALTIMORE, APRIL 30, 1887.

Editorial.

CHLOROFORM VERSUS ETHER AGAIN.—The almost periodic rise and fall in the tide of professional opinion is one of the most remarkable facts in the history of medicine and it has much to do with the cultivation of a certain vein of skepticism which appears now and then upon the surface. Most of us have seen the rise and fall and second resurrection of calomel; bleeding has its periodic changes in the estimation in which it is held by the profession, and surgeons change from the perineal to the suprabubic region for the performance of lithotomy.

The thoughtful paper read by Dr. A. G. Gerster before the New York Academy of Medicine, on April 7th, and the interesting discussion evoked by it, come almost like an unexpected storm on a profession now long accustomed to hear ether lauded to the skies and the use of chloroform as a general anæsthetic deprecated as a sort of malpractice. Even our contemporary, *The Medical News*, says in an editorial elicited by the before mentioned paper and discussion: "It may indeed finally appear that the choice between them (ether and chloroform) is to be determined by the character of the case in which anæsthesia becomes necessary." Five years ago (Feb. 18, 1883) it said: "The frequency of these announcements, (Death from Chloroform) surely demands that the organs of professional opinion utter some authoritative mandate as to the use of a safer anæsthetic. If ether is, as we have abundant reason to believe, far safer than chloroform, ought there be longer delayed some authoritative expression founded on the general verdict of the medical profession, or a legislative enactment (*sic*) to prevent the use of the more dangerous agent unless the conditions requiring it are exceptional." We are glad to see our contemporary relaxing somewhat under the influence of a wider experience and a more liberal view. Dr. Gerster discusses the subject boldly, but in an entirely judicial spirit, and lays particular stress on the existence of nephritis acute or chronic, and of catarrhal affections of the air passages as contra-indications to the use of ether. He speaks with equal positiveness in regard to weak and fatty heart, functional heart-weakness and excessive fear or fright as conditions in which chloroform should not be used. The necessity of having skilled and experienced persons to administer the anæsthetic is well insisted on, and not the least admirable point in the paper is the emphasis laid on the fact that when chloroform kills it kills at once and that when the inhalation is over the danger is past, while with ether the dangers which follow its use are much more grave than those which accompany it, and that many deaths from pneumonia and uræmia occurring a few days after the inhalation are fairly attributable to the anæsthetic. In short Dr. Gerster shows that the surgeon should not be an ether-man or chloroform-man, but should *select* his anæsthetic in accordance with the necessities of the case under consideration. We confess we were rather agreeable surprised at the liberal spirit which prevailed in the discussion. We imagined that New York surgeons were joined unto ether as Ephriam unto his idols, but the views expressed in Dr. Gerster's paper, although far from being generally approved of, did not lack hearty and efficient support. Dr. Sayre took up the cudgels for chloroform and used them in his usual vigorous manner but his argument was necessarily more or less discounted by the fact that he may

be fairly classed as a partisan on this subject; although his long and eminently successful career as a surgeon entitle his opinions to respectful consideration. Dr. Weir represented the partisan element on the other side, for after showing the acknowledged other deaths in the New York Hospital to average 1 in 1796 inhalations, he asserted that if he were about to be operated on even with damaged kidneys he would prefer to have ether used. Dr. Gerster has selected an opportune moment for bringing this matter to the attention of the profession. We are profoundly convinced that for operation on average adults ether is a safer anæsthetic than chloroform, but we feel equally certain that the pendulum has swung too far toward the ether side of the safety line and that many cases with respiratory and kidney troubles and many aged patients have been sacrificed to the wide spread prejudice which has prevailed against chloroform. If a new discussion of the subject will enable us to differentiate more clearly than we do now the cases suitable for one or the other anæsthetic, or make some practical improvement in the methods of administration, it will be of vast service to the profession.

Miscellany.

Coca as a Cardiac Tonic.—The *N. Y. Medical Record* of February 26th, 1887, gives an interesting article entitled "Heart Strain and Weak Heart," by Beverley Robinson, M.D. We extract the following: (p. 238).

"On several occasions, when digitalis has proved to be useless or injurious, I have had very excellent results from caffeine or convallaria. Certainly, the latter drug is more easily tolerated by a sensitive stomach than digitalis is; and whenever the nervous supply of the heart is especially implicated, I believe that I secure more quieting effects from its employment. Among well known cardiac tonics and stimulants for obtaining good effects, at least, I know of no drug quite equal to coca. Given in the form of wine or fluid extract, it does much, at times, to restore the heart-muscle to its former tone. I have obtained the best effects from the use of Mariani's Wine. From personal information given me by this reliable pharmacist, these results are attributable to to the excellent quality of the coca leaves and of the wine which he uses in its manufacture."

Nasal Polypi.—Dr. William R. Bell (*Canada Medical Record*) decribes a new, pianless, and simple method of removing nasal polypi. His patient is instructed to blow strongly through the affected nostril while he closes the other with his fingers. This brings the polypus down so that it can be seen. He then injects into the tumor, with a hypodermic syringe, fifteen or twenty minims of a solution of tannin in water (twenty grains to a fluid dram). In a few days the tumor shrivels, dries up, and comes away without trouble or pain, the patient usually removing it with his fingers or by blowing his nose.—*American Practitioner and News.*

The Detection of Tubercle Bacilli in Urine.—Dr. A. Kirstein (*Dtsch. med. Woch.*) found tubercle bacilli in a case of tuberculosis of the genito-urinary organs, which helped materially to clear up a previously obscure diagnosis. The examination of the sediment gave a positive result once only in thirty or forty preparations. The very small number of bacilli in such cases renders a diagnosis difficult. When the author filtered the sediment and examined a portion of the residuum he succeeded in detecting bacilli in almost every specimen, and would therefore advise a similar method in such cases.—*Ex.*

Benzoate of Soda for Erysipelas.—Hakerkorn, (*Rivista Internazionale*) believing that the various antiseptics have not an equivalent action, that salicylic acid is especially appropriate for infective diseases of the joints, and calomel and corrosive sublimate for intestinal affections, has brought forward benzoate of soda as particularly efficacious for erysipelas, scarlatina, and other infectious

diseases with cutaneous localizations. In fifty cases of erysipelas the author has obtained excellent results with the following medication:

He administers from three to five drams of benzoate of soda daily, in a mucilage of seltzer water, and makes no application. The medicine was kindly borne. The temperature invariably descended to the normal within forty-eight hours; the local manifestations disappeared rapidly, and desquamation was more rapid than usual. In all the cases treated not one was fatal. In two cases in which the progress was slower, the author faulted the dose as insufficient.—*American Practitioner.*

Treatment of Constipation by Abdominal Massage. At a recent meeting of the Société Médico-Pratique, M. Berne described the following cases of constipation successfully treated by abdominal massage. 1. The patient, a woman, aged 42, had suffered from constipation for several years. Her general health was very unsatifactory. She was extremely emaciated and yellow; her tongue was coated, and she experienced a heavy sensation in the stomach. She suffered from lassitude, palpatation, insomnia, and disgust for food. The stomach, which was much dilated, gave on percussion a flapping sound. There were also regurgitations and fœtid odor. After nine massages had been performed the bowels acted freely, the patient's color improved, and she was ultimately completely cured. Details of several other cases successfully treated were given. After kneading the abdominal tegument and muscles, a slight pressure is brought to bear on the cæcal region by means of the palm of the hand; then with the clenched fist a deep massage of the colon is effected. Slight pressure on the gall-bladder, in the author's opinion,is advantageous, but not if gall stones exist. The patient must not be pregnant, nor be suffering from tumors or inflammations of the neighboring organs. The bladder should be empty. Massage should be daily practised from fifteen to twenty minutes at the beginning of treatment. The gentle pressure on the gall bladder constitutes the author's modification of the Dutch and German methods favoring the flow of bile towards the intestine.—*London Med. Record.*

Schedule of Study Advised in the Berlin University.—The Faculty of Medicine in Berlin has issued a schedule of studies for its student, in which the latter are strongly advised to follow courses in meteorology, mineralogy, anthropology, psychology, and logic. The plan, of course, is not obligatory; but while the Faculty uses no compulsion upon its students in this matter, it holds itself competent to give them good advice.—*Med. News*, April 23, 1887.

Olfactory Acuteness.—Nicholls and Bailey have recently published the results of experiments upon the relative acuteness of the sense of smell in individuals. A series of solutions of oil of cloves, nitrite of amyl, extract of garlic, bromine, and prussic acid were prepared by successive dilutions with water until the limit of preception was reached, and then the solutions were placed indiscriminately and submitted to a number of persons of both sexes to classify them properly by the sense of smell. The results showed that on the average the sense of smell was much more delicate in the males tested than in the females; but the degrees of keenness ranged widely as between individuals. Thus three male observers were able to detect one part of prussic acid in 2,000,000 parts of water, though its presence was not revealed by a chemical test; but others, of both sexes, could not detect prussic acic in solutions of almost overpowering strength. The following figures give the average limit of delicacy of preception: Cloves—Males, 1 in 88,128; females, 1 in 50,667. Nitrite of amyl—Males, 1 in 783,870; females, 1 311,330. Extract of garlic—Males, 1 in 57,927; females, 1 in 43,900. Bromine—Males, 1 in 49,254; females, 1 in 16,244. Prussic acid—Males, 1 in 112,000; females, 1 in 18,006—*Med. Press.*

Medical Items.

The American Climatological Association will meet in this city on May 31st and June 1st.

Sir William Jenner has for the seventh time been elected President of the Royal College of Physicians of London.

The State Medical Society of Arkansas will hold its twelfth annual meeting in Little Rock, on June 1st, 2nd and 3rd.

A State Board of Health has just been established in Vermont, the twenty-ninth State in the Union to be provided with such an organization.

The American Surgical Association will hold its annual meeting in Washington, D. C., on May 11th, 12th, 13th, and 14th. Drs. L. McLane Tiffany, and J. E. Michael, of this city, will read papers.

A prize of two thousand dollars (10,000 francs) is offered by the Académie de Médicine, Paris, for the best work on the treatment of stricture of the urethra or on the therapeutic methods for diseases of the urethra.

Dr. J. S. Jewell, of Chicago, a well-known writer on nervous and mental diseases, died in Chicago on April 18th, after a lingering illness. Dr. Jewell was born September 8th, 1837, at Galena, Ill. He was the founder of the *Journal of Nervous and Mental Diseases.*

Vaccination is, it is stated, to be enforced among all workmen employed on the coming Paris Exhibition. Each man will be vaccinated as soon as engaged, and the government will not only pay for the necessary medical treatment, but will continue the man's wages should his arm become bad and prevent him from working.

At a recent meeting of the Obstetrical Society of New York, Dr. Fowler presented a wax cast of the pelvic organs of a true hermaphrodite. The cast was made from the organs themselves, and presented the rectum, pubis, scrotum, penis with prepuce and glans, vagina, uterus, ovaries, tubes, and the testicles. It was one of the interesting features of the case that this individual both urinated and menstruated through the penis.—*Ex.*

The surgical practice of the Pennsylvania Hospital, one of the oldest and most conservative of American hospitals, has been so improved by the introduction of antiseptic dressings and methods that it is believed to be impossible for a surgeon who does not use antisepsis to be elected a member of the staff.—*Boston Med. and Surg. Jour.*

The South Carolina Medical Association held its thirty-seventh annual meeting at Aiken, on April 12th and 13th. The Association recommended the establishment of a State Medical Examining Board the members of which should be appointed by the Governor from nominees presented by the Association. Dr. T. G. Simmons, of Charleston, was elected president for the ensuing year.

The anuual meeting of the Medical and Chirurgical Faculty of Maryland held in this city during the present week was well attended and fully came up to the average standard of previous meetings. The addresses, reports of sections and volunteer papers present a variety of subjects which will make the annual volume of Transactions instructive and readable publication. W present elsewhere a report of the First Day s session.

In honor of the Queen's jubilee, Sir Donald Smith, member of the Canadian Parliament, and Sir George Stephen, President of the Canadian Pacific Railway, have offered to give $500,000 each for a new hospital at Montreal, to be named, with the permission of her Majesty, the Royal Victoria Hospital. The city is asked to give a site on Mount Royal adjoining the estate of the late Sir Hugh Allen. The building is to cost $250,000, which would leave an endowment of $750,000.—*Med. News.*

How Dr. Murrell Prevented a Suicide.—In the preface to the last edition of an English medical work entitled "What to Do in Cases of Poisoning" the author, Dr. Murrell, says: "This work has reached a fifth edition, but it is not my fault, and I disclaim all responsibility in the matter. I am told that it has been the means of saving many lives, and I have no doubt this is true, for I hear that a gentleman who thought of poisoning himself changed his mind on reading the directions for treatment."—*Med. Record.*

The *Virginia Medical Monthly* states that the Auditor of Public Accounts for the State of Virginia has issued a circular to the effect that he is advised by the Attorney General that only the family physician is required to be summoned to testify before a commission of lunacy and that such physician is not entitled for his attendance to anything more than is paid to other witnesses. This ruling has been recently tested and in every instance the usual claim of $5.00 has been refused payment by the Auditor. The law is unjust and should be repealed.

The Virginia State Board of Medical Examiners held their third annual session in Richmond on April 5th, 6th, and 7th. We learn from the *Virginia Medical Monthly* that nineteen applicants appeared before the Board, and but seven passed satisfactory examinations—four representing the Medical College of Virginia, and three the Medical Department of the University of Maryland. Twelve applicants failed to attain the standard—75 per cent.—some of whom were graduates of the medical colleges above named. The result here recorded will be accepted as satisfactory evidence of the good work which the Board is aiming to carry on in the old Dominion.